



**PCTs to manage global sum?**

**Campaign rejoices as 100-hour application is withdrawn**

- New flood drama unfolds
- Is your malaria advice putting you at risk of litigation?

# Cerumol<sup>®</sup> Ear Drops Solution

Arachis oil 57% and Chlorobutanol 5%

**Penetrates deep to ease out ear wax**





# eyes will ♥ NEW murine



A triple action liquid gel brightening eye drop with added moisturisers to refresh & soothe eyes.

A new dual lubricant liquid gel complex locks in moisture and soothes the common feeling of 'grittiness'.

For lens wearers, a refreshing eye drop that ALSO gently clears lenses of deposits that build up during the day.

**MURINE®**  
bright & moist eyes



- Brightens & Whitens
- Moisturises & Refreshes
- Soothes

Fast Acting  
Long Lasting  
Liquid Gel

For great looking eyes, in an instant

**MURINE®**  
dry & tired eyes



- Moisturises
- Refreshes
- Soothes

Long Lasting  
Liquid Gel

For dry, tired, gritty eyes

**MURINE®**  
wet & clean contact lens eye drops



Refreshing eye drops for all lens wearers

- Re-wets
- Gently cleans lenses
- Lubricates

Lens comfort through the day

**From the makers of Murine Eye Drops**  
**AVAILABLE THROUGH ALL MAJOR WHOLESALERS**

For further information, please contact Ceuta Healthcare on 01202 780558

Category: Self Selection Eye Care

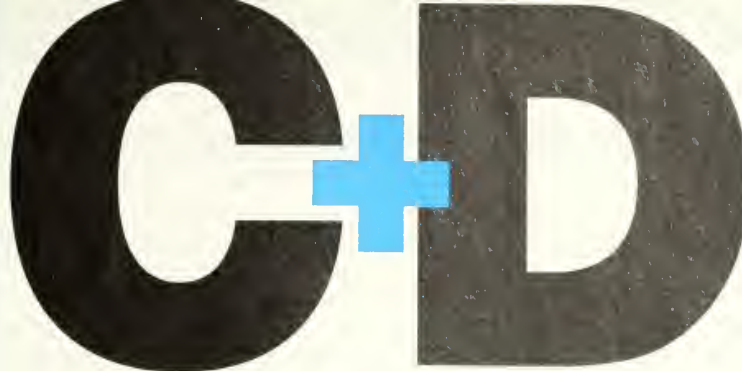
Murine bright & moist: Pip code 325-8084, RRP £3.99, 15 ml

Murine dry & tired: Pip code 325-8076, RRP £3.99, 15 ml

Murine wet & clean: Pip code 325-7623, RRP £3.99, 10 ml

**murine eyes**  
feel good & look good





## News

### Pharmacy funding may be devolved under DH plans

PCTs could hold global sum for pharmacies after 2009 under government shake-up

### Celebrations in Camden over 100-hour dispute

A Camden pharmacy has won its campaign to block a rival opening under the 100-hour contract exemption

### Day Lewis's MUR Super Lotto Draw

Ivo Vincour, a C+D Pharmacy Champion, has scooped a £10,000 prize for himself and his staff

## Opinion

### When one dispensing error becomes two

Mark Koziol on the FtP Directorate's error logging rules

## Clinical

### Tips for travellers

What to advise backpackers venturing into the wilderness

### Glitazone heart failure warning

Patients taking the diabetes drugs rosiglitazone and pioglitazone may have an increased risk of heart failure

## Products & Marketing

### Plugging the fibre gap

Procter & Gamble launches a vegetable fibre supplement

## Features

### Pharmacy Champions

Ashok Mehta has set up a number of local services in Tyldesley, Manchester

### A clean sweep

The self-care market in dental products is booming, so don't miss out on this lucrative sector

## Classified & recruitment

### Star job

A pharmacy dispenser/technician is required full or part-time in Chichester



Cover: This week's Pharmacy Champion, Ashok Mehta. Picture: UMP



**Editor**  
Gary Paragpuri MRPharmS  
01732 377688

**Features & Deputy Editor**  
Fiona Salvage MRSC  
01732 377435

**News Editor**  
Max Gosney  
01732 377315

**Marketing Editor**  
Lesley Ribbens  
01732 377600

**Online Editor**  
Tom Hawkins  
01732 377284

**Acting Clinical & CPD Editor**  
Gavin Atkin  
01732 377239

**Contributing Editor**  
Adrienne de Mont FRPharmS  
0207 921 8256

**Reporter**  
Jennifer Richardson  
01732 377088

**Group Production Editor**  
Fay Jones  
01732 377396

**Group Art Editor**  
Richard Coombs  
01732 377528

**Designers**  
Bethany Straker 01732 377231  
David Farram 01732 377113

**Office Manager**  
Elaine Steele 01732 377621  
(fax): 01732 367065  
esteele@cmpmedica.com

**Sales Director, Healthcare**  
Ruth McKay  
020 7921 8456

**Advertisement Managers**  
Daniel Spruytenburg  
020 7921 8126  
Deborah Heard  
020 7921 8119

**Sales Executive**  
Chris Docwra  
020 7921 8123

**Price List**  
Colin Simpson (Controller)  
01732 377407

**Darren Larkin (Data Manager)**  
Price List (fax): 01732 377559

**C+D Data**  
David Watkinson (Director)  
01732 377802

**Devi Patel (Development Manager)**  
01732 377451

**Maria Locke (Data Development Clerk)**

**Sales Director**  
Roy Jacques  
07818 454831

**Projects Director**  
Patrick Grice MRPharmS  
01732 377296

**Projects Administrator**  
Pauline Sanderson 01732 377269

**Production**  
Katrina Avery 01732 377674

**Group Publishing Director**  
Phil Johnson 01732 377633

**Email**  
firstinitialsurname@cmpmedica.com





# Funding set for PCTs' control?

» Global sum to move to local commissioners within two years under DH proposals

Max Gosney

**Funding for all pharmacy services** could be placed in the hands of PCTs under a government shake-up announced as C+D went to press.

The Department of Health (DH) plans to move the £991 million global sum to local commissioners after April 2009. PSNC and the DH will continue to set fees and allowances for essential and advanced services nationally, but PCTs will regulate pharmaceutical expenditure against their own budgets.

Pharmacists slammed the plans that come as part of a consultation on modernising financial allocations for pharmacy services as "the beginning of the end" for the profession.

Dilip Patel, of Mirage Pharmacy, Handsworth, said: "101 per cent against it because we have locally divulged funds for enhanced services and we find the majority of PCTs are unable to manage such funds."

Zafran Azan, of Nuline Pharmacy in Stokeford, added: "Bad news, bad idea, because it depends how good your PCT is."

However, the DH claimed the move was a "natural progression" towards a

locally led NHS. The system will encourage PCTs and pharmacists to provide high quality services and deliver value for money, the DH said.

Pharmacy payments will not change as a result of the proposals,

stressed Sue Sharpe, PSNC chief executive. She said: "Most important for contractors, it does not mean that payments will be determined locally. PCT staff also moved to reassure contractors. Jonathan Mason, head of prescribing and pharmacy at City and Hackney PCT, said: "Providing there is no local determination of scale payments then I don't see a problem."

The NPA pledged to keep a close eye on any changes. Alison White, NPA chief executive, said: "We would be very concerned if monies devolved to local levels are not ring-fenced and PCTs already under huge pressure to meet financial targets are tempted to chip away at the pharmacy pot." The consultation closes on October 17.



The transfer of £991m to PCTs will encourage them to deliver value, said the DH

What do you think of funding going local?  
mgosney@cmpmedica.com



## C+D launches MethGuard UK

C+D will launch an online training programme for pharmacists and their staff designed to ensure safe sales of pseudoephedrine and ephedrine products.

MethGuard UK will be launched next month, before the MHRA announces its decision on the P to POM consultation of PSE products. The scheme aims to show pharmacy's commitment to the Stop the Switch campaign and to keep the decongestant products in pharmacy.

MethGuard UK has been developed by US company LearnSomething, which has experience of running a similar course in the USA, and is supported and endorsed by UK OTC manufacturers through the PAGB, and by the CCA and AIMp. The content follows the framework specified for a UK programme that is developed by UK pharmacy organisations and the OTC industry. The course will be accessible through the C+D website at [pharmacy.com](http://pharmacy.com)

## Prescription fee review postponed

**Dawn Primarolo, the health minister,** has announced that the government's review of prescription charges is being delayed to allow a public consultation exercise in the autumn.

She said in a written Commons statement that the government had responded to the 22 recommendations of the health select committee on prescription charges, and other NHS charges in a government report.

"As part of the response, the government committed to carrying out an internal review of prescription charges and to making a further statement to the house prior to the summer recess this year," she said.

"Following this internal review, the government has decided to hold a consultation in the autumn so that the public can contribute their views on any proposals prior to a final decision on future prescription charges," she added.

The consultation should be seen as an opportunity to address "unfair" and "illogical" prescription fees in England, said the RPSGB. Eileen Neilson, head of policy development, said: "Our research found that charges do not just deter the 'frivolous' use of medicines; much more importantly they also deter the essential use of medicines in people with chronic

conditions who are on low incomes but not exempt from prescription charges. 'Frivolous' use of medicines

should be dealt with by measures to influence prescribing, not through prescription charges." **CB**

## White paper set for autumn

The government will publish a white paper on developing pharmacy services this autumn.

A written ministerial statement from pharmacy minister Dawn Primarolo said: "We will come forward with a white paper that will set out our future proposals for developing pharmacy services."

"We remain committed to pharmacy, its place in the NHS and its role in delivering quality services to patients and consumers."

The white paper is likely to

coincide with the publication of the delayed Galbraith review.

Ministerial upheavals mean the report on rules governing contract applications, originally tabled for spring, is now unlikely until the autumn.

The delay combined with the white paper could lead to "uncertainty" in the sector, warned PSNC. The contract negotiator said it will seek to ensure any proposals for change aid the progress of community pharmacy. **MG/CB**





# Third direct to pharmacy deal

Jennifer Richardson

**A third pharmaceutical firm has appointed selected wholesalers to distribute its drugs to pharmacies.**

Napp Pharmaceutical's products will only be available from Phoenix, UniChem and AAH from October 1 this year.

The move follows Pfizer's controversial direct to pharmacy deal last October and AstraZeneca's now postponed plans to supply exclusively with AAH and UniChem.

Tony Mottram, head of commercial and NHS operations at Napp, said: "These partners have been selected on the basis of their

proposals and guaranteed high levels of service, ensuring the supply of medicines to patients is unaffected."

UniChem, Phoenix and AAH said they were pleased to have been selected as Napp's distribution partners. All three also expressed commitment to minimising disruption to pharmacists and to patients.

But wholesalers not included in the Napp scheme claimed the deal will result in increasing workloads for contractors.

John Davies, retail services director of wholesaler Mawdsleys, said: "It's not a desirable move – not from our perspective or for the

industry as a whole. It's a trend that's going to make life much more complex for pharmacists."

Mr Davies also expressed surprise at the timing of the deal, with the Office of Fair Trading currently investigating the impact of changes to pharmaceutical supply on patients and the NHS.

Napp specialises in pain relief products, including MST Continuous tablets and Oxynorm.

What do you think of manufacturer-led deals?  
mgosney@cmpmedica.com

## News in brief

### Varenicline approved

Nice has approved the Pfizer drug varenicline (Champix) as a treatment for helping smokers to quit. The organisation has specified that it should normally be used in conjunction with counselling and support, but added that the treatment should still be given where this is not available.

### Primary care problems

The government has pledged to eliminate inequalities in access to primary care after a survey revealed only 86 per cent of patients could get a quick GP appointment. PSNC said that pharmacies provided an alternative source of advice, and the NHS should promote their use. [www.dh.gov.uk](http://www.dh.gov.uk)

### No referral on merger

The Office of Fair Trading has decided not to refer the proposed merger of Co-operative Group and United Co-operatives to the Competition Commission, provided certain divestments are made. Two or more pharmacies in certain 'overlap' areas are part of the divestiture package outlined by the OFT, which needs to be completed for the merger to go ahead without a referral to the CC.

### Glucose meter warning

The MHRA has issued a warning following reports of blood glucose meters overestimating glucose in patients taking treatments containing maltose, xylose or galactose. An alert has warned that patients taking treatments containing these excipients or anything that can be metabolised to them should not use Roche Accu-Chek or Abbott Freestyle meters.

### Clarification

Nucare's pre-reg course costs £1,275 + VAT and is not free as we stated last week (July 21, p8). Only the tutor's course was free to Nucare members. Apologies for the confusion.

### Sexual health advice

The RPSGB has launched an Ask About Sexual Health leaflet to coincide with Sexual Health Week 2007 (August 6-12). The leaflet advises patients about the services and advice they can expect from their local pharmacist. [www.rpsgb.org](http://www.rpsgb.org)

# Pharmacy leads flood rescue



Flooding in and around Tewkesbury and Cheltenham did not stop Badham Pharmacy's vans getting drugs to stranded patients

**A family-run Gloucestershire pharmacy business battled through floods that the Environment Agency labelled the worst in modern times to deliver medicines to stranded patients.**

Two of Badham Pharmacy's seven branches were left without power and four without water by this week's deluge.

"We're hand-writing labels and wandering around with torches," said managing director Peter Badham.

But his team managed to deliver medication to an epilepsy sufferer forced to spend the night in a community building in Bishop's Cleeve. "He was in quite a bad way



because he hadn't taken his medicines since the morning," Mr Badham explained, "but we managed to get through the floods and get those to him."

Staff donned wellies and delivered

medicines to other patients by foot. "We're very lucky that the staff have all mucked in," said Mr Badham. "I think they took the view there was so much water that they couldn't get any wetter." JR

Tony Smith



## News in brief

**Low volume LPS advice**

Government guidance on the provision of a Low Volume LPS for pharmacies that will be affected by the withdrawal of the Protected Professional Allowance is set to be published in September. [www.psn.org.uk](http://www.psn.org.uk)

**Lack of oral sex STI advice**

A rise in the most commonly contracted STIs has prompted a new advice leaflet from the fpa. Latest figures show a 9 per cent increase in genital herpes in the whole population and a 16 per cent rise in young women. The oral sex leaflet costs £6.50 for 50 copies. [fpairect@fpa.org.uk](mailto:fpairect@fpa.org.uk)

**NVQ3 gets more practical**

A new and improved two-year NVQ3 course for pharmacy technicians is being launched by the NPA in the autumn. It costs £575 + VAT per year for two years. [www.npa.co.uk](http://www.npa.co.uk)

**Cost-efficient cream**

From this month Cetraben 500g emollient cream is supplied with a new pump said to deliver a minimum of 490g from a 500g container. Supplier Genus said this represented a saving of 20 per cent in wasted cream.

**Point of care testing drive**

Pharmacists involved in the Manchester High Street Testing project report 100 patients have now signed up as part of GP-delegated care. Twelve pharmacies in the region are providing tests for HbA<sub>1c</sub>, cholesterol, INR and blood pressure. A final evaluation is expected in spring 2008.

**Pfizer profits down**

Pfizer's earnings dropped by 48 per cent in the second quarter on the back of generic competition for Lustral (sertraline hydrochloride) and Istin (amlodipine besylate). However, medicines Champix (varenicline), Sutent (sunitinib) and Lyrica (pregabalin) all delivered better-than-expected results.

**RPSGB's PBC guide**

The RPSGB has published the first in a series of practice-based commissioning guides. Practice-based commissioning: a resource for community pharmacists in England is intended for LPCs and community pharmacists and is at [www.rpsgb.org](http://www.rpsgb.org)

# Celebrations in Camden over 100-hour dispute

Local residents rally round to support independent pharmacy's campaign

Emma Wilkinson

A Camden pharmacy has won its campaign, backed by Patricia Hewitt's husband, to block a rival business opening under the 100-hour contract exemption (C+D, February 17, p4).

William Birtles was one of many local residents who backed the Biotech Pharmacy's calls for Camden PCT to block the application from ABC pharmacy.

Jagdish Vaghela, who owns Biotech Pharmacy, told C+D: "I'm delighted that ABC has withdrawn its application. The campaign did the trick and it provides hope for other independents like myself."

ABC Pharmacy was unable to comment as C+D went to press. However, Camden PCT confirmed that the contract application had been withdrawn.

Campaigners claimed the 100-hour opening could attract drug users to the area with plans for a needle exchange service and force the nearby Biotech Pharmacy to shut.



Jagdish and Hansila Vaghela praised "inspired" support from customers in contract dispute

Hansila Vaghela, co-owner of the Biotech Pharmacy, added: "There's such a community here even though it's inner London. The customers pushed us and inspired us. If it wasn't for the customers, we wouldn't be where we are."

Biotech's success should inspire other pharmacies threatened by 100-

hour openings, added Mrs Vaghela. "You can fight the big boys, so you have to stand your ground."

What's your view on 100-hour pharmacies?  
[mgnosney@cmpmedica.com](mailto:mgnosney@cmpmedica.com)

## Society sets sights on silent majority

**The Royal Pharmaceutical**

Society's blueprint to form a royal college must not be dominated by a "vocal minority" of pharmacists, the organisation's next chief executive has warned.

Jeremy Holmes, who takes up the post this September, told C+D: "One of the risks is that those who are most vocal may not be representative. We need to try and understand what the great majority wants. If you design an organisation that doesn't respond to the needs and wants of pharmacists then they won't join it."

The RPSGB will use feedback from an independent consultancy firm to ensure its plans attract the wider membership, Mr Holmes said.

Talks with national pharmacy multiples are also on the agenda as the Society seeks to better cater to professional needs. Mr Holmes added: "From a personal perspective I would want to see the Society transformed into a body akin to a royal college. But it would be wrong to sit in



Jeremy Holmes: RPSGB blueprint must represent views of the majority

Lambeth and say you need this."

Pharmacists called on Mr Holmes to tailor RPSGB policy more closely to everyday demands. Dean Rhodes, of Hordle Pharmacy in Lymington, said: "It's fundamentally got to represent the interests of pharmacists. I would be in favour of a trade union-style organisation."

James Liptrot, of Liptrots Farsley in Leeds, added: "The only time I see the Society is when wanting to check on my CPD or retention fee." **MG**

## Drug misuse inquiry launch

The extent of the misuse of prescription and over the counter medicines is to be investigated by a group of MPs.

The All-Party Parliamentary Group on Drug Misuse will take evidence from the drugs industry, health workers and the general public.

Although it is a recognised problem in the UK, the group said it was not clear how many people were affected or if availability of medicines on the internet was fuelling abuse.

The inquiry will publish its findings next year.

Dr Brian Iddon MP, chair of the All-Party Parliamentary Group on Drug Misuse, said the 2006 UN narcotic report stated that misuse of prescription and OTC drugs was a bigger problem worldwide than controlled drugs.

He added he had heard of examples of people abusing cough medicine and opiate-based painkillers. "I decided to set up an inquiry to look at how big the problem was in the UK because we just don't know," he said. **EW**

*Cool News for Millions of Prickly Heat Sufferers*

**NEW**

**Too Good to be True?  
Just Spray me!**

*Breakthrough Treatment  
for Prickly Heat*

**magicool<sup>®</sup>plus**

- + Instant Action
- + Stops Itching
- + Non-Steroidal
- + Sterile
- + Easy Spray

No Creams, No Pills  
No Mess or Fuss  
Clinically Proven\*

[www.magicoolplus.com](http://www.magicoolplus.com)

FranceMed Pharma 

London

**TV & PRESS  
CAMPAIGN**  
Throughout the  
Summer!



\* Data on file



# Judge issues reprimand over 'smutty' weblinks

Pharmacist warned about porn links on his personal website

Pharmacy students have been warned to take care over the content of personal websites after a 27-year-old pharmacist was reprimanded for a website that linked to pornographic sites and others containing rape and death videos and bestiality.

Chair of the Royal Pharmaceutical Society's Statutory Committee, Lord Fraser of Carmyllie QC, said Nathan Burgess Simpson had "acted like a smutty student" at a disciplinary hearing in London last week.

Prospective pharmacists should take action to avoid any repeat, he warned.

"We would like to give a clear warning to students planning to join

the profession – such a jolly jape is not acceptable," Lord Fraser said.

Mr Simpson, formerly of Southampton, had set up the AOL account when working as a pre-reg at East Cowes on the Isle of Wight.

Thumbnails were displayed on the site including rape with a knife to the throat, according to an RPSGB official.

Mr Simpson, who is now said to work as a locum for Lloydspharmacy, Bognor Regis, said: "I followed the instructions. There was an AOL account on the desktop and it invited me to set up an internet account.

"Included was a profile – inviting

you to write a few lines about yourself which I did. I wasn't thinking about what I was writing down."

His barrister James Mulholland told the disciplinary hearing: "It should not be blown out of proportion – it was student behaviour, juvenile, student behaviour. It was ridiculous, naive behaviour never to be repeated."

Imposing the reprimand, Lord Fraser said Mr Simpson was "not an irretrievable deviant". **UKL**

The dangers of online pharmacy. See p34

## BROCHLOR EYE DROPS AND OINTMENT

**PRESENTING INFORMATION**  
**Presentation:** Eye drops containing chloramphenicol 0.5% w/v. Ointment containing chloramphenicol 1.0% w/w. **Indications:** Treatment of acute bacterial conjunctivitis. **Dosage and Administration:** Adults and children aged 2 and over: Drops: One drop applied to affected eye every two hours for the first 48 hours and 4 hourly thereafter. Ointment: Small amount applied to affected eye either at night if eye drops are used during the day, or 3-4 times daily if the ointment is used alone. Treatment should be continued for 5 days, even if symptoms improve. **Contraindications:** Hypersensitivity to ingredients. Known personal or family history of blood dyscrasias including aplastic anaemia. **Precautions and warnings:** Prolonged use (greater than 5 days) should be avoided unless approved by a doctor, as it may increase likelihood of bacterial resistance. Medical advice should be obtained if there is disturbed vision, eye pain, photophobia, eye inflammation with scalp/eye rash, cloudiness of eye, unusual pupil or suspected foreign body in eye. Refer to doctor if past medical history includes recent conjunctivitis, glaucoma, dry eye syndrome, eye/laser surgery in last 6 months, eye injury, other eye drops or ointment, contact lens use. Contact lenses should not be used during treatment. Soft lenses should not be replaced for at least 24 hours after treatment. If symptoms do not improve within 48 hours, or get worse, refer to doctor. Excipient phenylmercuric nitrate in the Eye Drops can cause mercurialitis and atypical band keratopathy. **Interactions:** Avoid use with drugs liable to depress bone marrow function. **Pregnancy:** Not recommended for use during pregnancy or lactation. **Adverse Effects:** Transient blurring of vision. Stinging and irritation on application. Avoid driving unless vision is clear. See SPC for full details on side effects. **Pharmaceutical precautions:** Eye Drops: Protect from light. Store between 2°C and 8°C. Ointment: Store below 25°C. **Legal Category:** P. **Product licence number:** Eye Drops: PLO4425/0366. Eye Ointment: PLO4425/0367. **Retail Price:** Eye Drops: 10ml bottle; £4.75. Eye Ointment: 4g tube; £4.95. **Date of preparation:** June 2007. **Marketing Authorisation Holder:** Aventis Pharma Ltd, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4AH. Further information is available from sanofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS.

## BROLENE PRESCRIBING INFORMATION

**Presentations:** Eye Drops containing Propamidine isethionate 0.1% w/v. Eye Ointment containing Dibromopropamidine isethionate 0.15% w/w. **Indications:** Treatment of minor eye infections. **Dosage & Administration in Adults (including the elderly) and Children:** Eye Drops: One or two drops applied topically up to four times a day. Eye Ointment: Apply once or twice daily into the eye. **Contraindications:** Hypersensitivity to ingredients. **Precautions and Warnings:** Blurring of vision may occur on instillation. Patient should not drive or operate machinery until vision is clear. If vision becomes disturbed, symptoms become worse or no significant improvement occurs after two days use, treatment should be discontinued and medical advice obtained. Eye drops or the ointment are unsuitable for use with hard or soft contact lenses. **Pregnancy:** Should not be used during pregnancy or lactation unless considered essential by a physician. **Adverse Effects:** Hypersensitivity. **Legal Category:** P. **Pharmaceutical Precautions:** Store below 25°C. Eye drops should be discarded 28 days after first opening (7 days in hospital). Eye ointment should be discarded 28 days after opening. **Product License number:** Eye Drops 10ml bottle - PLO4425/0197; Eye Ointment 5g tube - PL 04425/0198. **Retail Price:** Eye Drops 10ml bottle - £4.70; Eye Ointment 5g tube - £4.90. **Marketing Authorisation Holder:** Aventis Pharma Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AH. Further information is available from sanofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS. **Date of Preparation:** November 2006.

Information about adverse event reporting can be found on [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) Adverse events should also be reported to the sanofi-aventis Drug Safety Department.

Date of preparation: June 2007  
 BRO-06/034



A C+D Pharmacy Champion (April 28, p30) is celebrating after receiving the £10,000 first prize in Day Lewis's MUR Super Lotto Draw. Ivo Vincour, who received the award on behalf of the group's Billerica branch he manages, said staff planned to spend the prize on holidays. "We'll spend it relaxing after all the hard work we put into achieving the target," said Mr Vincour. The branch scooped the award after completing over 150 MURs by the end of March. Mr Vincour is pictured with Day Lewis CEO Kirit Patel

# First test for pharmacy minister

Dawn Primarolo has begun her reign as pharmacy minister by fielding questions on supply chain changes and plans to reclassify pseudoephedrine and ephedrine medicines as prescription-only.

Ms Primarolo said the government will continue to monitor the impact of the Pfizer direct to pharmacy scheme in response to a written inquiry by MP for Romsey, Julia Gidley. She said "No substantial problems have been identified and no corrective action is to be taken".

Mr Gidley also spotted out on



Dawn Primarolo: no Pfizer issues reported

whether pharmacy sales of cold and flu remedies are linked to the illegal supply of class A drug crystal meth.

"No formal assessment has yet

been made of the prevalence of the use of over the counter medicines to manufacture methylamphetamine [crystal meth]," she commented in response to a question from Dr Ashok Kumar, MP for Middlesbrough South and East Cleveland.

The comments come as the NPA and RPSGB urged talks with Ms Primarolo on industry concerns. **MG**

What topics should the minister tackle?  
[mgosney@cmpmedica.com](mailto:mgosney@cmpmedica.com)



SMACK



propamidine isetionate



chloramphenicol

WHACK

WALLOP!



chloramphenicol

LET THE BRO'S KNOCK OUT EYE INFECTIONS

New Brochlor ointment, containing chloramphenicol, is for when you need to give eye trouble a real wallop. It's ideal for overnight use, children and the elderly and doesn't need to be refrigerated. So while Brolene is still very tasty at sorting minor eye infections, including bacterial conjunctivitis, blepharitis and eyelid infections, there's now "Big Bruv" Brochlor, which contains chloramphenicol, for when you need to hit acute bacterial conjunctivitis hard. By choosing Brolene for minor problems and saving Brochlor for the tougher stuff, you will have the option to take appropriate action. So if you have an eye infection causing trouble, let the Bro's knock it out.

If you would like more information about Brochlor or Brolene, and copies of training materials and point of sale items, contact your local Laser Healthcare Pharmacy Business Manager or call sanofi-aventis on 01483 505515.

**Brolene & Brochlor - Focused eye care.**



**sanofi aventis**

Because health matters



# Pharmacy Champions

Pharmacy  
Champions

Name

**Ashok Mehta**

Pharmacy

**Davina Pharmacy, Tyldesley, Manchester**

What has he done?

**Set up a number of local services**

## What have you set up?

We have set up a number of services, including free delivery of repeat prescriptions and MURs in addition to PCT-led services such as supervised methadone, EHC, smoking cessation and minor ailments. We concentrate on one new service at a time so that our customers don't get confused.

In June, we started the minor ailments scheme and treated at least 70 patients a month, particularly for hayfever, head lice and athlete's foot. We don't use the term MUR because the patients were confusing it with the clinical reviews carried out by their GP. Instead, we ask patients to 'check your medicines with us' so they understand what it's about.

## What has been the high and low point of setting up the services?

The high point, without a doubt, has been relocating 18 months ago to a new purpose-built pharmacy under the Nucare banner to provide and fulfil the services of the new pharmacy contract.

The low point is the thought of working twice as hard for the same remuneration. I also feel threatened by the distribution deals adopted by some pharmaceutical manufacturers. The cutbacks and generic discounts inquiry are also squeezing our bottom line.

## How have the patients and GPs reacted?

The local community has been very impressed with the appearance, cleanliness and professional open plan set up in the shop. Their feedback has been

amazing, as found in a recent survey on our pharmacy services organised by our pre-reg student, in which customers made comments such as: "I really appreciate the excellent service the pharmacy provides to my husband who has MS," and: "All staff are pleasant and courteous to customers, which is a refreshing change in this day and age."

The GPs have been very supportive, although they feel some of the services, such as smoking cessation, duplicate what they do. They are keenly awaiting the full implementation of EPS and are indifferent to MURs, but complimentary about the EHC and minor ailments services.

## Do you have any advice for others?

I would suggest they invest well in their IT system and staff training. Nucare has been very supportive on this and has made the implementation of the new pharmacy contract a lot easier through its professional service help.

## Why do you think you have been successful?

Because we do simple things efficiently. We maintain high standards and concentrate on the quality of services we provide.

We have a focused, organised and well planned marketing strategy in place to promote the services, which is jointly agreed by the staff and management at our regular meetings.

We promote one service aggressively at any one time in parallel with the other services. In this, we would use a colour-coding system for our four main services: green for our repeat prescription scheme; pink for smoking cessation; beige for MURs; and yellow for minor ailments. This 'traffic light' scheme is then projected to patients and reinforced through colour posters, bag leaflets and when we advertise in the local press.

The healthcare assistants also hand out leaflets at the counter and I do the same at the prescription collection point. Most importantly, we

explain the services to patients when the opportunity arises.

## Has offering the new services improved your job satisfaction?

Undoubtedly, especially as the new services enable us to use all of our skills to their maximum, rather than being restricted to counting, packing, labelling and bagging medicines.

## Under the white coat

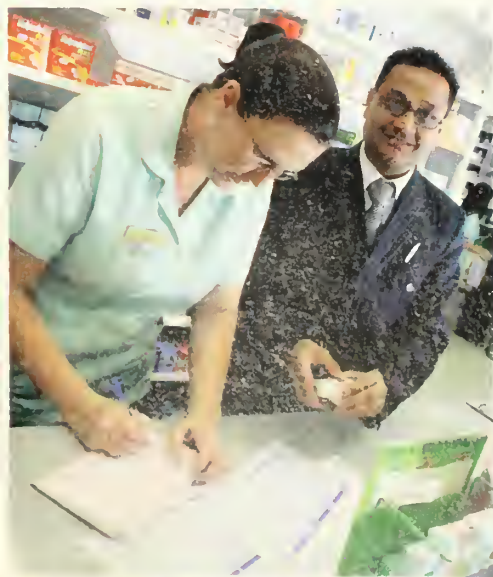
### What are your hobbies when you're not at work?

I love socialising with friends and spending as much time as I can with my family. I'm also active in the local community raising funds for charity. One of my proudest moments was when I jointly led a team of 40 who were awarded a National Lottery grant of more than £400,000 for a local community building project.

Music, dancing and watching Manchester United win trophies are the other loves of my life.

### If you were in charge of pharmacy for just one day, what would you change?

I would make sure supervision and personal control stays as this is the main foundation of the service we provide to the local community. I would also like to see remuneration based on the quality of service provided rather than on the quantity.



Nominate your Pharmacy Champion:  
phone 01732 377088  
email [jrichardson@cmpmedica.com](mailto:jrichardson@cmpmedica.com)



Supported by



A Thornton & Ross brand





# quality

You need to be sure.  
More than sure.

Your patients depend on you for medicines they can trust, of course. And they also value service.

That's why Teva UK Limited is focused on supporting you, making your generics purchases work harder, giving you the support you need when everyone wants the best service from the pharmacy or dispensary.

So as well as offering great prices on a range of over 500 products featuring a new, attractive livery that's designed to help prevent dispensing errors, we have a national network of staff in person and on the phone that's there to help you.

Your customers expect the best from you - so demand the best from your generics.



TEVA UK LIMITED

*Making generics easier*



## Your letters

# Short-dated drugs make dispensing difficult

I have noticed my recently delivered supplies of Cardura XL 4mg tablets are very short-dated (expiry October 2007). I have complained to the sole distributor in England (UniChem) and it has said it and Pfizer do not regard drugs with a three to four month expiry period short-dated.

I first noticed this in June and complained to both companies and returned the stock. Since then I have run out and re-ordered (July 4) and I am dismayed to find that again I have received stock dated October 2007. I am unable to obtain stock from anywhere else as UniChem has

a monopoly over distribution. Therefore, with my current stock I am unable to dispense prescriptions for a three-month supply without warning patients that they need to date-rotate any stock they have.

UniChem responded very arrogantly to any verbal complaint and refuses to treat the stock on a sale or return basis. I will end up footing the bill for any expired stock.

I have spoken to five other pharmacists who have all expressed surprise about the dates. Potentially this is a patient safety issue as pharmacists are less likely to check expiry dates on recently received

drugs, obtained directly from the manufacturers via the sole distributor.

Please bring this issue to the attention of your readership so they can take steps to avoid losses and patient dissatisfaction.

**Jane Hingley, community pharmacist, Birmingham**

**Pfizer's policy is that stock sold to UK pharmacies should have at least three months remaining on the shelf life. Under normal circumstances the majority of Pfizer medicines sold to UK pharmacies have far more.**

We have been in correspondence with Ms Hingley regarding her

supply of Cardura XL 4mg tablets. As these products were supplied to her pharmacy at the beginning of July 2007 with an expiry date of October 31, 2007, the stock meets all requirements for sale. Due to some recent regulatory issues with Cardura XL, supplies of this product are low which means a larger proportion of stock being sold has a shorter shelf life than usual.

If pharmacists have concerns about our new arrangements, they should contact the Pfizer Customer Contact Centre on 0845 608 8866.

**David Watson, director of trade, Pfizer**

## Locum at large

# MURs? They're just a waste of time

Our locum pharmacist is feeling decidedly jaded and disillusioned by apathy in the profession



The report a few weeks ago that the Parliamentary Public Accounts Committee had questioned the benefits of medicines use reviews simply added another more influential voice to the debate on the this vexed subject.

My experience travelling around the home counties is that the vast – and I mean vast – majority of pharmacies I visit perform absolutely

none whatsoever, a minority wage a ceaseless battle to perform just a comparative few and absolutely no-one ever gets within a mile of the target figure.

Having funded my own training and accreditation, I find the outlay has been a total waste of time and money as the opportunity for me, as a locum, to perform any MURs is precisely nil, no matter where I work. No-one ever asks me or provides me with the opportunity to use my qualification, and my experience has more than a little dampened my original ambition for delivering any further services under the present contract. What is the point if it will all go to waste? How many accreditation certificates are there gathering dust on pharmacy walls or languishing in drawers at home unloved and unused?

The chief concern must be that if pharmacy is missing the opportunity to deliver such a basically simple service as MURs then it will not be offered the opportunity to deliver other services within our rapidly

changing NHS. We will forever be condemned to a life coping simply with the torrent of prescriptions pouring into our pharmacies and nothing else. After all, would anyone miss MURs if we were not doing them? Probably not. Patients have a periodic review with their doctor which could easily cover the areas discussed in MURs.

No use pointing to centres of pharmaceutical excellence that exist in some pharmacies, where the opportunities have been welcomed and grasped. It is in the vast bulk of pharmacies, both company and privately owned, where the battle will be won or lost.

The risk is that sooner or later someone in authority is going to lose patience with pharmacy and say: "You had your opportunity and blew it." Is that really what we want? Is it apathy, tiredness, lack of resources from penny-pinching finance directors or just disinterest from an overworked, heavily demotivated workforce demonstrating a creeping malaise which appears

to be gripping our profession?

I attended a CPPE meeting recently during which I spoke to numerous colleagues. Yet the hot topic at Lambeth – the most radical change to our Society's structure since it was formed – was not mentioned once. It just does not appear on the radar as important or relevant. Is it that people do not care or that they have more important things to worry about? Is this another sign of the lassitude gripping the profession?

Alarm bells should be ringing within the corridors of power that unless we improve our performance and all work together for the benefit of our customers, patients as well as ourselves, we could find pharmacy excluded when delivery of the next raft of NHS services is planned.

Talk is nothing. Delivery is everything. Metaphorically speaking, we must pull our socks up, or else.

Is the locum right?

Email your views to:

[haveyoursay@cmpmedica.com](mailto:haveyoursay@cmpmedica.com)

# PRICELESS

**OTC DIRECT**

Your 1st choice for Generics and P.I's

For price less purchasing of Generics and P.I's CALL 0800 169 2305



# HIGH POLLEN COUNTERED FAST.

- The No.1 selling hayfever brand worth £14.5M\*
- The 3rd highest growing OTC brand across the total OTC category
- Supporting you this season with a £3M campaign including TV and outdoor.

\*IRI Market Value Sales; MAT to February 2007

The fastest acting allergy capsule.



**Benadryl Allergy Relief (GSL) Product Information:** **Presentation:** Acrivastine 8 mg. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged 12-65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £3.70 **Legal category:** GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005.



## Comment from the editor



It seems there is a communication issue in pharmacy at the moment. Undoubtedly the profession is concerned by the amount of change storming through it, but appears to feel disenfranchised by those leading or promoting the change. Our columnist Xrayser, for one, thinks PRLOG will be making decisions without consultation – something it must quickly reassure pharmacists will not be the case.

The point is important: forward-looking consultations and reports are miles away from the day to day reality of pharmacy. For example, recently a cross-party group of MPs (the all-party pharmacy group) presented its view of the future for pharmacy. Yet in an online forum, community pharmacists were asking "what is the APPG?"

But there is definitely a communication opportunity for pharmacists in the most

recent Department of Health consultation on the proposal to switch payment of funding from a nationally held pot to local funds held by the PCTs. The consultation document claims the arrangement would not put pharmacists' establishment payments and dispensing fees in jeopardy, but appears to overestimate the capacity of PCTs' accounts departments to cope with the extra workload. Community pharmacists will want reassurances that they won't be left hanging around waiting for payments. However, none of this will happen until at least April 2009 and by then the Electronic Prescription Service should be up and running, which should facilitate electronic processing for payment.

One reassuring point is that GPs and dentists are already paid this way by PCTs. And if there was a problem with GPs being paid on time, I'm sure they'd have communicated it to all who'd listen.

Consultations and reports are miles away from the day to day reality

## Your views

# When one dispensing error becomes two

Mark Koziol is astonished by the numeracy skills of the Fitness to Practise directorate



Committing a dispensing error is every pharmacist's nightmare. However, as the statistics can now show, there is a distinct likelihood that every practising pharmacist, whether they become aware of it or not, will be involved in a dispensing error situation at least once during the course of their career.

It is to be welcomed therefore that the Council of the RPSGB decided, albeit belatedly, to finally deal with one of the more unrealistic statutory demands placed upon pharmacists. I refer in particular to

the notion that one dispensing error must automatically constitute a professional disciplinary episode. It is this position, manifestly prosecuted by the Fitness to Practise (FtP) directorate, which had already begun to damage the risk management programme established by the National Patient Safety Agency. In particular, increasingly, pharmacists were beginning to have second thoughts about incriminating themselves by making an entry in the error log for fear that the RPSGB would take disciplinary action against them.

The new position taken by the Society as described by a recent Law and Ethics Bulletin is therefore well overdue. Here it is stated that a single error will be handled in a much more pragmatic way by the Society;

additionally, the RPSGB is now also lobbying to decriminalise single dispensing errors. No doubt many of us will welcome this development.

However, what perhaps was not anticipated was that the FtP directorate would still find ways to draw pharmacists through a more onerous process despite the practical solution that has been negotiated by the RPSGB Council. In recent weeks, the Pharmacists' Defence Association (PDA) has learned that the FtP directorate is able to establish that what we would normally consider to be one dispensing error is actually two!

Imagine a typical error situation where a label is transposed onto the wrong box of tablets – if like me you considered that this would constitute

a single dispensing error then you would be mistaken.

It is deemed by the FtP directorate that the transposition of the label is one error and that the handing out of the wrong tablets is another!

In this way what ostensibly was a low-level episode is needlessly escalated to a full-blown disciplinary procedure with all that it entails.

I am aware that this certainly was not the intention of the Council when it made its move to introduce some common sense to the previous situation.

However, this is not the first time that schisms seem to be appearing between the will and the direction of the RPSGB Council and the will and direction of the FtP directorate.

For the sake of those pharmacists who are still concerned about making error log entries, we ask the Council to deal with this issue with immediate effect and ensure that the FtP Directorate complies with its requirements.

**Mark Koziol is chairman of the Pharmacists' Defence Association**

What ostensibly was a low-level episode is needlessly escalated



# Xrayser

Topical Reflections



## Who are we?

**What is a 'typical' pharmacist like, and what does he or she want?** Perhaps we are a bunch of nameless, faceless overworked people who couldn't care less. Is this what the Department of Health thinks, and the malleability and lack of resistance we display makes it easy to box and package us according to the whims of government?

C+D has tried to give us a flavour of the 'real' pharmacist with pharmacy champions and vox pops but I'm still left with only the picture of rank and file I see at local branch meetings. And does the Society have so little idea about its consultancy group to survey them about what they want?

It's a little late for that though because the DH has already appointed its PRLOG group to decide what we need (C+D, July 21, p4). They are undoubtedly an intelligent group of men and women, but they appear to have been simply plucked out of a hat. Only Hemant Patel and Raymond Anderson have any claim to have been elected by community pharmacists. This is the ultimate in pick and mix decision-making.

But if I had to pick 20 individuals to

make these important decisions on my behalf who would I choose? Apart from myself, if I had the time, I really don't know. My list would either contain about five names or hundreds. I'd struggle to pin this decision on 20 people.

And how well-informed do these people need to be? I don't need to employ consultants to find out what most pharmacists want from their new regulator: low registration fees, minimum bureaucracy and hassle, and a fairly scandal-free profession. Sorry PRLOG – hope I haven't spoiled your meeting.

Faceless and lacking strong views we may be, but we are a pragmatic and hard-working bunch. Academic discussions about the regulation of the profession are too far removed from the urgency of tracing Mrs Miggins' prescription or calming down an agitated methadone patient to get most pharmacists excited. Pharmacy practice carries on regardless.

Murtaza Master, who continued dispensing prescriptions despite a fire engine crashing into his pharmacy (C+D, July 21, p4), summed it up nicely. "Shutting is not an option," he said. A new regulatory body shaped by a group of 20 unelected individuals is.

## Trust me, I'm a pharmacist

**The local prescribing adviser seemed surprised that no patients had** commented on the local surgery's cost-saving switch from atorvastatin to simvastatin. I wasn't, because the explanatory note we obligingly put in patients' prescription bags was obviously from the GP.

Patients accept the word of the GP as the word of God while they think I, on the other hand, either tell lies or don't

know what I'm talking about. I can spend hours explaining brand to generic switches or that different generics brands are identical to no avail. The GP initials a note from the practice manager about a change to a completely different drug, however, and it's treated like a legal document. This is just one more little niggle that makes me want to work harder at being recognised as a true professional.

CD



Black Bag

## Do no harm

**A well worn medical mantra** ends with 'do no harm'. Generally cited to justify a doctor's unsuccessful effort, it becomes a grey area when euthanasia raises its controversial head. There can be a fine legal line between adequate pain relief and helping a terminally ill patient shuffle off stage with a modicum of dignity.

With modern public health measures, this distinction becomes even more blurred. Vaccination for rubella in boys is not controversial yet German measles (I wonder if there is a spotty rash the Teutonic states call 'Das Englischer measles?') is hardly a life-threatening condition and vaccination is to protect the unborn child. The early polio campaigns actually killed a large number of children and the fracas over the MMR vaccine highlights its value for society vs the individual. Cervical cancer is directly linked to the papilloma

“The early polio campaigns actually killed a large number of children”

virus, a sexually transmitted infection against which it is now possible to vaccinate girls. These little penile cauliflowers cause minimal problems in men (anal or oral warts?) but can kill a woman.

Vaccination for boys would seem the 'right thing to do' but can you justify 'doing harm', ie sticking a needle into a boy's arm, when it has no value to them as an individual? There are some groups which would advocate an even more radical approach, carrying the added value of lifting the voice an octave or two.

Circumcision to prevent HIV infection is another issue causing heated debate, not least whether it is right for babies to be circumcised before they are even sexually active.

As with many serious medical conundrums, we need to step back from the precipice, get to the point and take an objective view of 'do no harm'.

**Dr Ian Banks is a GP practising in Northern Ireland**



# ***Zovirax pump*** ***with them when they need it***

*Durable, discreet and convenient. Wherever they are, your customers can depend on Zovirax Cold Sore Cream pump.*

*Unsurpassed efficacy at blister and tingle<sup>1-3</sup>*



#### **Zovirax Cold Sore Cream Product Information**

**Presentation:** 5% w/w aciclovir in water miscible cream base. **Uses:** Treatment of Herpes Simplex virus infections of the lips and face (cold sores). **Dosage and administration:** Apply 5 times a day for at least 4 days. Start treatment as early as possible after the start of infection, ideally during tingle phase. If healing has not occurred, treatment may be continued for up to 10 days. **Contraindications:** Known hypersensitivity to

aciclovir, valaciclovir, propylene glycol or any of the excipients of Zovirax Cold Sore Cream. **Precautions:** Only to be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Refer immunocompromised patients to a doctor for treatment of any infection. Consult doctor if pregnant or breast feeding. **Side effects:** Transient burning or stinging. Mild drying or flaking of the skin has occurred in about 5% of patients. Rarely erythema, itching and contact dermatitis. Very rarely immediate hypersensitivity reactions including angioedema. **Legal category:** GSL. **Product licence number:** 00003/0304. **Product licence holder:** The Wellcome

Foundation Limited, Greenford, Middlesex, UB6 0NN, U.K. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 g tube - £5.99; 2 g pump - £6.49. **Date of last revision:** March 2007. Zovirax is a registered trade mark of the GlaxoSmithKline group of companies.

**References:** 1. Spruance SL *et al.* Antimicrob Agents Chemother 2002; 46(7): 2238-43. 2. Van Vloten WA *et al.* J Antimicrob Chemother 1983; 12(Suppl B): 89-93. 3. Fiddian AP *et al.* Br Med J 1983; 286: 1699-1701.



GlaxoSmithKline  
Consumer Healthcare



# C+D Clinical

## Tips for travellers

As well as malaria, pharmacists need to be aware of extreme destinations such as jungles

### Key points

- Chloroquine and proguanil are now recommended in very few areas for malaria prophylaxis.
- Atovaquone-proguanil, doxycycline or mefloquine are indicated for most of sub-Saharan Africa.
- Pharmacists have a choice of reader-friendly sources of up to date information on malaria prophylaxis.
- Take care to avoid litigation originating from giving the wrong advice on malaria.
- The only travel vaccinations available on the NHS are for typhoid, polio and hepatitis A.

### Professor Larry Goodyer

Community pharmacists' involvement in travel medicine has the potential to extend far beyond supplying anti-diarrhoeals and sunscreen.

In Scotland, the NHS has been experimenting with pharmacist-run travel clinics to improve public access to antimalarials and vaccinations, and there have been suggestions that pharmacists should be able to supply non-prescription antimalarials to make sure travellers get the right prophylaxis. With more youngsters taking gap years, pharmacists could get asked about anything from jungle travel to altitude sickness.

These were among the topics discussed at the British Travel Health Association's (BTHA) ninth annual scientific conference in London last month. Above all, the conference heard of the need for pharmacists to be up to date with the latest guidelines on malaria prophylaxis or risk litigation.

### Malaria

Malaria is a growing problem in the UK. The latest figures show that 1,758 travellers contracted malaria overseas in 2005-06 and there were 813 fatalities. In most of these cases people were not taking appropriate or any prophylaxis, or had poor adherence to the prescribed regimen. Further, there has

### Reflect

Do you have up to date guidance on malaria chemoprophylaxis? Chloroquine and proguanil are the only antimalarials you may sell over the counter – do you know the countries in which they are still effective? Which travel vaccines are available on the NHS?

### Plan

This article, based on a recent BTHA conference, will alert you to the possibilities of extending your travel medicine services. It gives sources of information on malaria prevention, discusses risk assessment and outlines some of the problems experienced at high altitudes and in jungles.



This article can help in the following CPD competencies: G1a, G1c, G1f, C1a, C1f, C2a. See [www.tinyurl.com/194zu](http://www.tinyurl.com/194zu)



Some 1,758 travellers contracted malaria in 2005-6, mostly because they had not taken the appropriate prophylaxis



# Pharmacy Update

been a rise over the last 15 years in the incidence of the more dangerous falciparum malaria.

Nearly two-thirds or 57 per cent of cases were among those visiting friends and relatives overseas and who may have mistakenly thought they still had some resistance to malaria. But any semi-immunity reduces if the person is not continually exposed to the disease.

It is important that community pharmacists appreciate the relatively few locations where chloroquine and proguanil, which are available without prescription, might be indicated. In most of sub-Saharan Africa this combination must not be used and one of the three prescription-only medicines (atovaquone-proguanil, doxycycline or mefloquine) are indicated instead.

It is recommended that pharmacists record the details of those to whom they do supply chloroquine and proguanil medication in case of potential litigation for supplying incorrect prophylaxis. All pharmacists advising on malaria prevention should have a copy of the current guidelines to malaria prevention produced by the Health Protection Agency. These guidelines are much more user friendly than in previous years and easily obtained by following the link listed below. This document combined with other online databases will provide essential material on which to base decisions regarding malaria.

Travax (link below) has been the gold standard database and is available at half price to BTHA members. Fit For Travel is a useful cut down and free version. However, the National Travel Health Network and Centre (NaTHNaC) will soon be making available country specific information and its website is an important link for anyone advising on travel medicine issues.

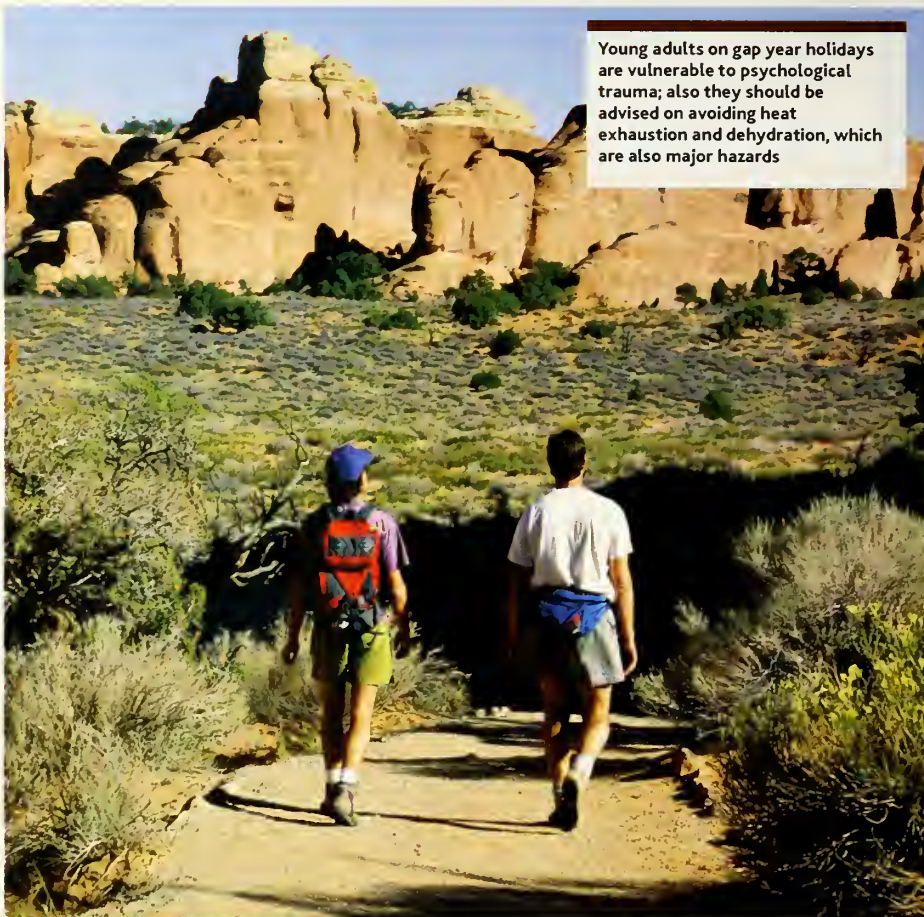
Professor Peter Chiodini, director of the Malaria Reference Laboratory, who played a key role in developing the HPA guidelines, supports easier access to the prescription-only antimalarials and hopes that pharmacist prescribers might make this possible in the future.

## Risk assessment

Dr Ron Behrens, consultant in travel medicine, has a somewhat controversial view of the basis on which to make a risk assessment when prescribing antimalarials or vaccines for travel. At the BTHA meeting he described a model he called the 'expert factor,' comprising four issues the prescriber should consider:

- Known endemicity of malaria in the locations being visited.
- Current national policy as written in guidelines.
- Clinical factors regarding likelihood of adverse reaction and potential contraindication
- Patient factors that would contribute to adherence.

Two important factors in any risk



Young adults on gap year holidays are vulnerable to psychological trauma; also they should be advised on avoiding heat exhaustion and dehydration, which are also major hazards

assessment involve balancing the potential adverse effects of medication or vaccination against the chances of contracting the condition. He questioned the accuracy of some data regarding the level of risk to travellers; for instance, yellow fever vaccine is advised for trips to Kenya yet there have been no cases reported in recent years. This could be balanced against the incidence of neurological adverse events to the vaccine that have been reported, particularly in older age groups. Nevertheless, most non-expert practitioners would continue to rely on the current databases and guidelines regarding prophylactic measures for travellers.

## Environmental extremes

James Moore, a nurse who specialises in wilderness medicine, focused on the psychological pressures for those travelling for longer periods to jungle environments. Young people seem more vulnerable to such trauma and this should be taken into account when preparing young adults for gap year or other adventure type activities. The other major health hazards relate to heat exhaustion and dehydration through diarrhoeal illness.

Preparation with the correct equipment and clothing, adequate quantities of medication and sensible acclimatisation to the conditions are key issues to be considered. A good personal first aid kit and a knowledge of wound care are recommended, as even minor scratches or cuts can become infected in jungle conditions. For instance, if

insect bites are continually scratched they can turn into chronic sores that are difficult to heal. An iodine-based antiseptic can be useful as an aid to wound care. Fungal skin conditions are not uncommon in the humid conditions and appropriate antifungal creams and powders should also be included in the kit. Analgesics, rehydration salts, antihistamines and loperamide are also important.

Altitude medicine relies to a degree on pharmacological interventions, but Dr Mike Townend, an experienced expedition doctor, made it clear that simple precautions could help prevent problems. The most common problem experienced above 3,000m is acute mountain sickness (AMS), which consists of troublesome but not serious symptoms such as tiredness, muscle weakness, headaches and nausea provoked by lower oxygen partial pressure at high altitudes.

In many cases problems can be avoided by attempting a more gradual ascent – the general rule being that at altitudes above 3,000m climb no more than 300 to 400m each day. If climbing much above this altitude in any one day then it would be advisable to descend to sleep at night.

At altitudes of 3,000m take a rest day if possible every three days. Symptoms can be relieved by descending to a lower altitude to sleep at night when trekking.

Acetazolamide can also be used to prevent or treat this form of mountain sickness. As a carbonic anhydrase inhibitor and diuretic it tends to induce a metabolic acidosis and this stimulates respiration.



There are more serious forms of mountain sickness that can be fatal and indicate rapid descent to lower altitudes. One form is known as high altitude pulmonary oedema (HAPE), and nifedipine can be helpful for the condition because of its effect in reducing the accompanying pulmonary hypertension. Giving oxygen, or using special inflatable hyperbaric bags can also help. More recently, sildenafil has been used because of its properties as a pulmonary vasodilator and because it has less effect on systemic blood pressure than nifedipine.

Another potentially dangerous form of altitude sickness is high altitude cerebral oedema (HACE). Climbers should watch out for early signs of clumsiness or unusual behaviour as the condition can be rapidly fatal. Dexamethasone is the drug of choice while descending.

## Service provision

Pharmacist-run travel clinics could potentially improve the provision of travel services in the UK. Dr Carolyn Hind, a pharmacist facilitator from Aberdeenshire, described an initiative in Scotland. A needs assessment by Grampian NHS identified a lack of provision of travel medicine services through GP clinics, and that the public were willing to use and pay for services that could be offered through local community pharmacies.

Two pilot sites were identified and four pharmacists trained to deliver travel health services. This included working to patient group directions to administer travel immunisations and supply appropriate anti-malaria prophylaxis. Over seven months 137 clients were seen and extremely high levels of user satisfaction were reported. This pilot scheme raises the possibility of such clinics

becoming more widely available in the future.

Currently though it is clear that the majority of travel clinics are nurse-led, most being through GP practices but also within wholly private clinics, some dedicated to just travel medicine. Mrs Jane Chiodini is one of the authors of a new competency framework for nurses, which has recently been completed through the Royal College of Nursing travel health forum. The framework contains information of relevance to those with an interest in running such clinics, in particular guidance on risk assessment regarding travel vaccines and antimalarials.

A questionnaire in the guide can be used to record particulars of the traveller's itinerary and medical history to inform decisions and advice given. The questionnaire can then form a permanent record of the consultation. Pharmacists advising on antimalarials or supplying chloroquine and proguanil would be recommended to use such questionnaires. The guidelines can be downloaded from the site below.

## Travel immunisation

A matter that is often a source of confusion is whether or not vaccinations for travel are available on the NHS. Dr George Kassonis said that, historically, the only vaccinations available without charge were those for infectious diseases that a traveller might transmit to people in the UK on return.

So, for instance, the mosquito vector for yellow fever is not present in the UK and the vaccine can only be given privately. Only three vaccines are currently covered by the NHS for travel: typhoid, polio and hepatitis A. However a vaccine can be given on the NHS if one of these components is available as a combined vaccine. For example, polio is now only available for adults as the combined



TdDT/IPV (diphtheria, polio and tetanus) so if you are receiving polio for travel then you would not be charged for the other two. Similarly, no charge would be made for Twinrix (hepatitis A and hepatitis B). Otherwise vaccines can be given if the individual qualifies to receive them on the NHS for other reasons, eg influenza vaccine.

Professor Larry Goodyer is head of Leicester School of Pharmacy, De Montfort University, and director, Nomad Travel Pharmacy.

## Useful weblinks

### Malaria guidelines from the Health Protection Agency

[www.hpa.org.uk/infections/topics\\_az/malaria/guidelines.htm](http://www.hpa.org.uk/infections/topics_az/malaria/guidelines.htm)

### TRAVAX

[www.travax.nhs.uk](http://www.travax.nhs.uk)

### Fit for Travel

[www.fitfortravel.nhs.uk/](http://www.fitfortravel.nhs.uk/)

### British Travel Health Association

[www.btha.org](http://www.btha.org)

### NaTHNaC

[www.nathnac.org](http://www.nathnac.org)

### RCN competency framework in travel medicine

[www.rcn.org.uk/publications/pdf/travel\\_health\\_medicine.pdf](http://www.rcn.org.uk/publications/pdf/travel_health_medicine.pdf)

## Continuing Professional Development



## Act

- Is there potential for a travel clinic in your pharmacy? Think how you might develop your services in this area. What training would you need?
- Do you have the latest official guidance on malaria prophylaxis? If not, refer to the sources mentioned in the article.
- If you don't already record your supply of chloroquine and proguanil, think about doing this.
- Make sure you can advise customers about the dosing regimens for antimalarials, particularly about the need to start taking preparations before and after travel.
- Download the guidance given in the RCN competency framework in travel medicine (see website reference).
- Revise current travel vaccination requirements and the intervals at which the vaccines should be given before travelling to the areas concerned.

## Evaluate

- Do you now have sufficient reference sources to give sound advice on malaria prevention? How else might you improve the advice you give to travellers?

For a weekly email alert on C+D's Pharmacy Update series, please register at:

[www.dotpharmacy.com/newsbulletins](http://www.dotpharmacy.com/newsbulletins)





## A Practical Approach...



**Zelda, the mother-in-law of David Spencer, the pharmacist at the Update Pharmacy, has come to stay for a few days.**

"David," Zelda says, holding out a prescription as he is about to leave for work one morning, "can you do this for me today?"

"Of course," replies David. "Is it a repeat of what you've been having recently?"

"Yes. You know I went to my doctor a few months ago for a regular check and he found my blood pressure was a bit high. He did a blood test as well and put me on these. I actually can't see why because I feel as right as rain."

David looks at the prescription, and reads aloud. "Amlodipine 10mg, aspirin 75mg, simvastatin 20mg, all to be taken in the morning. Oh yes, these are all what you've been having. But hang on a minute, this is new isn't it – furosemide 40mg in the morning – what's that for?"

"Well, there's a new practice nurse at the surgery. Calls herself an 'independent prescriber', and she runs what she calls a cardiovascular clinic. I saw her last time, and I told her that I've been getting swollen ankles. 'Oh,' she said that's just a bit of what we call oedema. I'll soon sort that out," and she put me on these. But, to tell the truth, they're not working."

"OK," says David. "Leave this to me. I'll ring her up and discuss it with her."

## Questions

1. What might David tell the practice nurse when he talks to her, and what suggestions might he make?
2. Apart from the furosemide, is there anything else on the prescription that needs comment?

## Answers

This article can help in the following CPD competencies: C1a, C1b, C1c, C3b, C3e, C4g, G1a, G1b. See [www.tinyurl.com/194zu](http://www.tinyurl.com/194zu)

# Glitazone heart failure risk warning

Patients taking the diabetes drugs rosiglitazone and pioglitazone may be twice as likely to develop heart failure than patients who take alternative treatments, a large meta-analysis has suggested.

The authors said that the treatments should be re-evaluated by Nice, which currently recommends both drugs. Rosiglitazone (Avandia) and pioglitazone (Actos) were used by 1.5 million people in the UK last year.

Information leaflets provided with the drugs say that pioglitazone and rosiglitazone should not be taken by patients known to have heart failure, but the new results suggest that the drugs can provoke problems in patients with no history of the disease.

The analysis, which included 78,000 subjects, estimates that one patient in 50

taking the drugs over a 26-month period will require hospital admission for heart failure.

It also found that heart failure occurred in patients taking low doses of the treatments, and that a quarter of cases were found in patients under 60.

The paper will appear in the August edition of the journal *Diabetes Care*.

<http://care.diabetesjournals.org>

• The Committee for Medicinal Products for Human Use (CHMP – see news story opposite) this week recommended pioglitazone should be approved for use in combination with insulin, and in a triple therapy with metformin and sulphonylurea in patients with insufficient glycaemic control despite dual oral therapy. It also recommended it should be approved as a combination therapy with insulin in type 2 diabetes patients.

## Rimonabant in depression warning

The European Medicines Agency and the UK Medicines and Healthcare products Regulatory Agency have issued warnings that the obesity treatment rimonabant (Acomplia) is now contraindicated in patients with major depression or taking antidepressants.

These groups are feared to be at risk of psychiatric side effects, following evidence that as many as one patient in 10 taking rimonabant experiences side effects including low mood and depression.

Patients also commonly experience episodes of anxiety, irritability, nervousness and sleep disorders. One patient in 100 is said to experience suicidal thoughts.

Some 364 psychiatric adverse reactions

suspected to be related to treatment with rimonabant have been reported in the UK.

Patients taking rimonabant who are also taking antidepressants or who experience symptoms of depression should consult their doctor. However, patients who have experienced depression in the past but feel well taking rimonabant can continue to take the treatment but should discuss it with their doctor at their next routine consultation.

Doctors will be sent a letter explaining the updated prescribing information.

### For more information:

<http://tinyurl.com/28jm34>

## Narcolepsy drug not being prescribed

Sleep experts have expressed concern after a survey revealed many PCTs are not approving sodium oxybate for patients with severe narcolepsy and cataplexy.

Some 34 PCTs out of 55 (out of a total of 152) surveyed had approved treatment, but

21 had turned down funding applications, the survey commissioned by manufacturer UCB revealed. Leading authority Dr John Shneerson said there was a danger that sleep medicine would be sidelined as GPs take over responsibility for purchasing services.

### A Practical Approach... this week's answers

During the night, the patient is likely to be more aware of cholesterol levels. The patient is likely to be more aware of cholesterol levels. The patient is likely to be more aware of cholesterol levels.

1. A common side effect of amlodipine is ankle oedema that is unresponsive to diuretics. David could suggest changing amlodipine to a thiazide as due to discontinuing the treatment, which is likely to be more effective.



## Europe group recommends diabetes & Alzheimer's drugs

The Novartis incretin diabetes drug vildagliptin (Galvus) and the rivastigmine (Exelon) transdermal patch have been recommended for licensing in Europe by the the EMEA's Committee for Medicinal Products for Human use.

However, Elan Pharma's Crohn's disease treatment natalizumab (Natalizumab) was rejected on grounds of lack of evidence.

A decision not to licence natalizumab in Crohn's disease would not affect the Tysabri treatment for MS, which contains the same active ingredient.

The decisions were part of a series announced after a CHMP meeting at the end of last week. Other announcements included approvals for antiviral maraviroc (Celcentri, Pfizer) for use in combination with other HIV treatments; anidulafungin (Ecalta, Pfizer) for treating invasive candidiasis; and ecteinascidin (Yondelis, PharmaMar) for treating advanced soft-tissue sarcoma.

The committee also recommended European-level approval of 30mg and 45mg dose capsules of oseltamivir (Tamiflu) suitable for use in children of one year and over. The new capsules take up much less storage space than the existing paediatric dry suspension, and have a longer shelf-life.

If approved, the capsules may also be useful in treating those who have difficulty swallowing. [www.emea.europa.eu](http://www.emea.europa.eu)

### In brief

**Doctors continuing to prescribe antibiotics** for up to 80 per cent of patients with upper respiratory tract infection and otitis media are contributing to antibiotic resistance, a report published by the Journal of Antimicrobial Chemotherapy has concluded. <http://jac.oxfordjournals.org>

**The Alliance for Natural Health** has slammed Cochrane Collaboration review claims that a new review shows vitamin C supplements are ineffective in patients with cold. The Alliance said that the data was old, focused on trials based on inadequate dosing, and had pooled data inappropriately. [www.anhcampaign.org](http://www.anhcampaign.org) [www.cochrane.org](http://www.cochrane.org)

**Nice has issued a draft set of osteoarthritis** management guidelines for comment by September 13. Publication is expected in January. [www.nice.org.uk](http://www.nice.org.uk)

**Aggressive statin treatment** is significantly more effective than standard doses in elderly patients with coronary disease, a large study has suggested. Results published in the Annals of Internal Medicine showed that reducing low-density cholesterol to 2.6mmol/l cut the relative risk for a major cardiovascular event by 19 per cent. [www.annals.org](http://www.annals.org)

**Subjects are being recruited** for the largest investigation of the effects of using nicotine patches during pregnancy. Some 1,050 pregnant women are being recruited by research midwives for the SNAP trial, which is being organised by researchers at the University of Nottingham. The study will investigate whether NRT is effective for the women, and also monitor the effect on the behaviour and development of their babies.

**Dietary calcium may be more effective** than supplements, say the authors of a small study published in the American Journal of Clinical Nutrition. The study compared the diets, supplement intakes and bone densities of 168 healthy postmenopausal women. <http://tinyurl.com/2f5dbc>

What's  
kind to your  
customers'  
hair but  
tough on  
itchy flaky  
scalps?

What's  
kind to your  
customers'  
hair but  
extra tough  
on itchy flaky  
scalps?



# Plugging the fibre gap

Fibresure, a vegetable fibre supplement, has been launched by Procter & Gamble. With two-thirds of people thinking they eat enough fibre but in reality only one in five getting enough, P&G



says the product will plug the fibre gap in UK diets.

Fibresure Powder is made purely from inulin sourced from chicory root, a prebiotic that boosts beneficial bacteria in the digestive system. It can be added to most foods and drinks, or used in cooking and baking. When added to water it dissolves without altering the taste or texture, says P&G.

The recommended heaped teaspoon added to a glass of water provides 5g fibre, over 20 per cent of the recommended daily amount for an adult. Up to three servings can be taken daily. It is suitable from the age of one year.

For consumers preferring a pill-type format, Fibresure Capsules containing psyllium husks are available in packs of 100 and 160.

Marketing support will focus on Fibresure Powder. TV and print advertising, PR and in-store activities are planned and a website will operate from August.

## Prices and Pip codes:

Powder £7.99/195g, 327-4487, £11.99/320g; Powder stick packs £4.99/15, 327-4461, £8.99/30, 327-4453; Capsules £8.99/100, 327-4479, £13.99/160

## Product info:

Procter & Gamble (HB&C)  
Tel: 01932 896000  
[www.fibresure.co.uk](http://www.fibresure.co.uk)

# Bisodol seeks younger TV audience

Indigestion treatment Bisodol is targeting women in their 30s for the first time with television advertising promoting brand newcomer Bisodol Extra.

The ad shows an office worker suffering with heartburn. She is then seen walking down the street, still suffering, then enters a cinema where she takes Bisodol Extra. The audience, including the heartburn sufferer, then gives Bisodol a round of applause.

Bisodol Extra contains two antacids and a reflux suppressant.



## Product info:

Forest Laboratories  
Tel: 01322 550550

# New breakfast menu from Cow & Gate

A new range of cereals for babies and toddlers is available from Cow & Gate.

The Baby Balance Breakfast Cereals range comprises four stages to meet infants' needs from initial weaning to three years of age. Recipes include smooth apple and banana, fruity crunch and my first muesli. A portion provides a third of youngsters' requirements of key vitamins and minerals, says the company.

Supporting the launch, TV, outdoor and parenting press advertising is running, reinforced by promotions and sampling in-store. Advice and information is available online.

**Price:** from £1.89-£2.49

## Product info:

Nutricia Cow & Gate  
Tel: 01225 768381  
[www.cowandgate.co.uk/babybalance](http://www.cowandgate.co.uk/babybalance)

# Spray away prickly heat



applied to all areas of the body including face.

The cooling effect suppresses the histamine response and reduces inflammation and discomfort, says the company. Skin calming agents adjust the skin's pH, skin cells are hydrated and lesions are cleansed by the spray, adds FranceMed. The product is non-steroidal and contains no fragrance or preservative.

Supporting the launch, £300,000 is being spent on TV and press advertising.

**Price:** £5.99/150ml

**Pip code:** 328-0765

FranceMed Pharma

## Product info:

Tel: 020 8645 0773

[www.magicool.uk.com/magi.html](http://www.magicool.uk.com/magi.html)

# Bio-Oil's back on the box

Skincare brand Bio-Oil is back on television screens until September 9. Part of a £3.5 million advertising spend, the campaign will give the brand nationwide coverage and includes a "high profile peak spot" during Coronation Street, says Keyline Brands.

The oil, said to improve the appearance of scars and stretch marks while providing nourishment and moisturisation, is available in 60ml, 125ml and 200ml variants.



## Product info:

Keyline Brands  
Tel: 017 897757

# Salcura's skincare salvo

A skincare range from Salcura is newly available to pharmacy.

Developed for the treatment of eczema, dermatitis, psoriasis and urticaria, the Professional Skin Care Management range uses nano-technology, says the company. All products, previously available to consumers direct from Salcura, are free from steroids, parabens, peroxides, alcohol and antibiotics.

To provide rapid relief from skin irritation and to promote repair of the skin, Intensive spray is a colloidal product. Ten minutes after application, Salcura recommends applying the second product in the range, Zeoderm+. Containing volcanic minerals, linseed and castor oil, the product moisturises the skin and soothes itchiness. The products are suitable from the age of one year. A Combi variant contains both the products. For infants, a milder version of the Intensive spray is available, Salcura Gentle.

Salcura says it will run a "major promotional campaign" to raise product awareness among consumers and healthcare professionals.

## Prices and Pip codes:

Intensive £11.49/50ml, 329-6647; Zeoderm+ £8.99/50g, 329-6639; Combi £14.99, 329-6662; Gentle £11.49/50ml, 329-6654

## Product info:

Salcura  
Tel: 01472 245681



# Get muddy with Ahava

Pure Mud is the latest addition to the Pure anti-ageing spa range from Ahava.

Containing minerals from the Dead Sea, the Mud is said to have soothing and purifying properties. It can be applied to the whole body except the face and should be left on for seven to 15 minutes. To relieve aching muscles or joints, the Mud can be heated before use.

The Pure spa range further includes Energizing Body Mud Mask with anti-ageing properties, said to provide deep skin detoxification and moisturisation.



**Price:** £17.50/4x250g

**Product info:**

Ahava UK

Tel: 01452 864574

www.ahava.co.uk

## Travelling companions

A new counter display unit for GSK's EarCalm Spray and Joy-Rides tablets is available from Ceuta Healthcare.

The unit includes a consumer leaflet giving advice on ear infections.

Summer is a key sales period for EarCalm, reports GSK. Otitis externa or 'swimmer's ear' is three times more common among regular swimmers. The brand claims to be the first and only branded OTC treatment for mild outer ear infections.

Joy-Rides can prevent motion sickness in adults and children aged three years and over. The product is best taken 20 minutes before travelling, advises GSK.



**Product info:**

Ceuta Healthcare

Tel: 01202 780558



**Products advertised on TV next week**

**Bepanthen:** All areas

**Bio-Oil:** All areas, except GMTV

**Canesten:** All areas

**Cuticura:** All areas, except GMTV

**Deep Freeze Patch:** All areas, except GMTV, C4, five

**DulcoEase:** GMTV, Sat, five

**Frontline:** GMTV, Sat, five

**Jungle Formula:** GMTV

**Just For Men:** All areas

**Kool N Soothe Migraine:** C4, five

**Magicoil:** All areas except Sat

**Odoreaters:** All areas

**Rennie Dual Action:** All areas

**Seabond:** All areas

**Vagisil:** All areas

**Wartner:** G, Y, C, M, LWT, GMTV, Sat

**PharmaSite for next week:** Olatum – windows, Olatum – in-store,

Olatum – dispensary

**Pharmacy channel:** Piriton, Eurax

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



**Olatum  
Scalp  
Treatment**



**NEW  
Olatum Scalp  
Intensive**

Extra ingredients include salicylic acid to aid the removal of stubborn flakes and menthol to soothe sore, red scalps

Always read the label



**Glucosamine ...  
...but not as you know it**



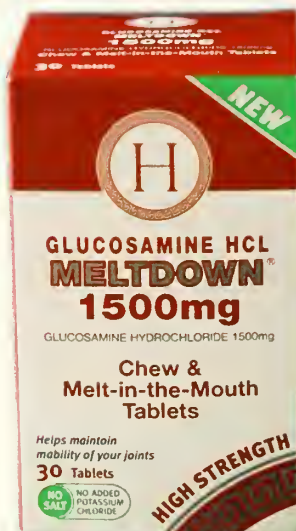
**NEW**

# Unique Melt-in-the-Mouth

## GLUCOSAMINE HCL MELTDOWN<sup>®</sup> 1500mg

GLUCOSAMINE **HYDROCHLORIDE**

*High Patient acceptability compared  
to large ordinary difficult to swallow  
Glucosamine Sulphate 2KCL tablets*



**BUY 6-Packs  
RECEIVE 6  
FREE OF  
CHARGE**

See your  
FOREST LABORATORIES  
Representative

HERBACEUTICA PHARMA LTD  
Distributor: IXL PHARMA LTD

Available from PHOENIX, AAH, & UNICHEM WHOLESALERS

Trade Price £9.86 pack of 30

*As featured in the Daily Mail 12/JUL/2007  
and Sunday Mirror 29/JUL/2007*

**Yeast  
Vite**

**For when you really need to wake up.**



*When your customers are showing  
the sure signs of daytime fatigue,  
open their eyes to Yeast Vite in its  
bright new packaging. Our dual  
action formula provides a boost  
of caffeine for instant alertness,  
followed by essential B vitamins  
to slowly help  
release energy  
from food.  
So at least  
they'll start  
the day off on  
the right foot!*



Contraindications: Tablets each containing 50 mg caffeine, 1.75 mg nicotinamide, 0.167 mg thiamine hydrochloride (vitamin B1) and 0.167 mg riboflavin (vitamin B2). Indications: Relief of fatigue and drowsiness, provision of recommended daily amount of vitamins B1, B2 and nicotinamide. Usage: Adults and children over 12 years: 2 tablets every 3-4 hours as required. Do not exceed 12 tablets in any 24 hour period. Not to be given to children under 12 except on medical advice. Contraindications: Known sensitivity to any of the ingredients. Warnings and Precautions: Avoid excessive intake of coffee or tea. Interactions: Ergotamine, idroclamide, mexiletine, ciprofloxacin, enoxacin, piperazine, aciclovir, fluvoxamine, phenylpropanolamine, phenytoin, clozapine, lithium, theophylline, pentobarbital, diazepam and methoxsalen. Pregnancy and lactation: Consult a doctor before use. Distribution: Thornton & Ross Ltd, Huddersfield, HD7 5QH. Trade Price: 24's: £6.79 for a case of 6, 50's: £14.55 for a case of 6, 100's: £21.85 for a case of 6. Pack size: Plastic bottle of 50 or 100 tablets, blister packs of 24 tablets. For further information contact the Marketing Authorisation Holder. Date of preparation: April 2007.



# A clean sweep

Dental care has never been bigger business as NHS dentists become as rare as hen's teeth. **Ailsa Colquhoun** tells you how to capitalise on the growth

**T**oothbrushes that bend when you use them, click when you brush too hard, or have flashing lights on their handles are set to be joined by a brush that lets you listen to pop songs while

you brush, according to newspaper reports. By transmitting the sound waves through your teeth and jawbone to your ear, the £7 device, called Tooth Tunes, plays for exactly two minutes – the amount of time dentists recommend should be devoted to brushing every morning and night.

Whether or not Tooth Tunes ever becomes a hit with the public, it indicates the lengths marketers will go to to breathe new life into the commodity oralcare market. When 62 per cent of the population are already buying into your category, as they are with toothbrushes, giving your product a point of difference and customers a reason to buy is a real challenge.

But if you look at the +6 per cent annual growth in the oralcare market, relative to the somewhat staid +3 per cent being seen in the toiletries and healthcare category overall, you can see that oralcare is far from being down in the mouth.

## Switching on to oralcare


Several factors both inside and outside of marketers' direct control are helping to boost the sector's fortunes.

Generally, the UK has an ageing population, which increasingly wants to look younger and stay healthy for longer, by eating more healthily (especially fruit, which may be acidic), but increasingly it will be forced to achieve this without the help of an NHS dentist.

The UK also now has a more demanding population that is being educated to want more from its purchases. As Steven Davey, brand manager at Oral-B explains: "Just as skincare products are tailored to different types of skin, the same is beginning to be expected of dental products. Oralcare is now made to suit individuals, with specific end-benefits for a multitude of consumer needs and special mouth requirements."

As a result, value adding innovation has been the watchword of the oralcare market of late, leading to the development of two distinct oralcare needstates: the everyday care market, which is focused on achieving a comprehensive daily oral health routine to protect tooth and gums, and the specialist market, which is seeking targeted solutions to meet special oral health needs, according to GSK oralcare category manager, Jon Sandy.

In product terms, for the everyday care market this has meant product development designed to promote regime purchase, add benefit and increase frequency – for example, whitening toothpaste and tooth and tongue brushes. In the specialist market the aim has been to develop products to combat tooth wear and sensitivity – a problem suffered by 27 per cent of the population – and gum inflammation, which affects 38 per cent



Oralcare  
is far from being  
down in the  
mouth



of people and which is a major cause of tooth loss in adults, but which remains a condition with very low consumer awareness. The result, in product terms, is the development of toothbrushes designed for sensitive teeth sufferers, and as GSK's Jon Sandy puts it, "huge scope for growth in efficacious medicated mouthwashes such as Corsodyl".

## Where's the bottle opener?

Like floss, mouthwashes have traditionally proved themselves the 'enfant terrible' of oralcare: compared to toothbrushes and toothpastes, mouthwash household penetration rates are low and consumers, particularly men, doggedly refuse to make it a regular part of their oral hygiene regime.

However, it is now the turn of mouthwashes to get in on the oral health innovation game, and over the next few months the market is set to be boosted by big name and big money product innovation from, among others, Listerine and Aquafresh. Even though the market has seen impressive 26 per cent growth over the past 12 months (see box), marketers clearly have their aim set on improving UK household penetration rates for mouthwash, which stubbornly sit at only 39 per cent.

## What's in your bottle?

Essentially, mouthwashes are based on antimicrobial agents. In Listerine, four essential oils: eucalyptol, menthol, methyl salicylate and thymol are used to reduce plaque levels in the mouth, and kill the bacteria that

It is now  
the turn of  
mouthwashes

## Mouthwash top 10

Listerine	£136m
Dentyl PH	£275,034
Colgate Plax	£173,228
Fluorigard	£168,741
Retardex	£157,156
Sanodyne	£103,734
Oral-B	£65,698
Listermint	£59,179
Listermint Fluoride	£43,488
Pearl Drops SM 1+1	£41,989

Source: Mintel Health Value sales  
Independent pharmacy 06/05/07

## Do consumers put their money where their mouths are?

Sector	Value sales £ million	Growth +/-	Volume sales million units	Growth +/-
Toothpaste	304.2	+3	216.1	+0
Manual toothbrush	120.0	+2	74.9	+2
Battery toothbrush	42.3	+16	8.8	+22
Rechargeable toothbrush	62.4	+26	4.6	+34
Mouthwash	128.1	+26	57.6	+24
Denture fixatives	26.3	+16	9.9	+16
Denture cleansers	16.7	-2	16.6	-2
Dental accessories inc floss	30.6	-18	13.8	+11
<b>TOTAL ORALCARE</b>	<b>730.6</b>	<b>+7</b>	<b>402.4</b>	<b>+3</b>

Source: AC Nielsen - MAT to WE 02.12.06

causes bad breath. In Aquafresh and Macleans mouthwashes, as well as Dentyl pH, the active antibacterial agent is cetylpyridinium chloride (CPC), and in Corsodyl, chlorhexidine. Aquafresh and Macleans brands also include fluoride, which is added to strengthen tooth enamel and help fight tooth decay.

RetarDex Oral Rinse, meanwhile, features a patented antimicrobial, CloSYS II, which the company says eliminates the need for pharmaceutical grade alcohol - ethanol. This is commonly added to mouthwash for its antimicrobial and solvent activity, as well as its flavour- and 'zing' sensation-enhancing properties. However, it also has a desiccant action.

The effectiveness of the regular use of chlorhexidine, CPC or zinc chloride-based mouthwashes in reducing breath odour is backed by a number of clinical trials.<sup>1</sup>

There is also evidence that essential oils and chlorhexidine-based mouthwashes offer comparable antiplaque and antigingivitis activity.<sup>2</sup>

The largest body of studies (21) supports the efficacy of mouthrinses with essential oils. A smaller body of studies (seven) supports a strong antiplaque, antigingivitis effect of mouthrinses with 0.12 per cent chlorhexidine. Results for CPC mouthrinses vary, depending on the product's formula.<sup>3</sup>

To achieve the new specialist user benefits, marketers are turning to agents with a specific spectrum of activity. In addition to their 'regular' antibacterial agents, new Listerine Total Care and GSK's new Aquafresh Extreme Clean Purifying Mouthwash contain zinc chloride, a tartar-inhibiting agent, and fluoride.

## The future

Watch out for product development that:

- Focuses on acid erosion, the latest in 'problem:solution' product positioning
- Encourages regime use. Only 2 per cent of the population follow a full cleaning routine, according to GSK
- Allows power solutions at more affordable price points.

Mintel predicts that the market for oral hygiene will increase by 22 per cent at current prices, to around £923 million by 2012.

References and further reading: [www.dotpharmacy.com/oralcare](http://www.dotpharmacy.com/oralcare)





# Unbeatable protection. Unbeatable taste.

Colgate Sensitive is clinically proven to provide relief from dentine hypersensitivity, great taste, and everyday protection for teeth:

- Unbeatable air blast sensitivity scores after 8 weeks  
Ref: Comparative study versus a leading sensitive paste, Hu D et al, J Clin Dent 2004; 15(1): 6–10.
- Unbeatable tactile sensitivity scores after 8 weeks  
Ref: Comparative study versus a leading sensitive paste, Hu D et al, J Clin Dent 2004; 15(1): 6–10.
- Unbeatable taste compared to other sensitive toothpastes  
Ref: Data on file, Colgate-Palmolive.

*For great-tasting, everyday protection from sensitivity,  
nothing beats recommending Colgate Sensitive*

Colgate Sensitive may be used every day in place of a regular, fluoride containing dentifrice.

For further information, call us on 01483 401 901, visit [www.colgatepharmacy.co.uk](http://www.colgatepharmacy.co.uk), or write to us at Colgate-Palmolive, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 8JZ

**PRODUCT INFORMATION** Product Summary Trade Name of the Medicinal Product: Colgate Sensitive Fresh Stripe Indication: Prevention and treatment of teeth sensitivity and caries. Contraindications: There are no known contraindications. Do not use in patients who are known to be sensitive to any of the ingredients. Special Warnings and Precautions for Use: There are no special warnings and precautions. The product is used in the same way as a regular toothpaste. Children under 7 use a pea-sized amount for supervised brushing to minimise swallowing. If using fluoride supplements consult your dentist. Interactions with Other

Medicaments and Other Forms of Interaction: There are no known interactions with other drugs. It is important to note that as for any fluoride containing toothpaste, in children under systemic fluoride therapy, it is important to evaluate the total exposure to fluoride (fluorosis). Undesirable Effects: None described. Legal Class: GSI. Product Licence Number: PL 00049/0031. Product Licence Holder: Colgate-Palmolive (UK) Ltd, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 8JZ. Recommended Retail Price: £1.59 (50ml tube), £2.15 (75ml tube), £2.79 (100ml pump). Date of (Partial) Revision of the Text: 17 March 2003.



## End decay

The latest addition to the Endekey range is the Brush and Floss toothbrush. Featuring PBT Tech microfine bristles in a unique tapered bristle design, the Brush and Floss is kinder to gums than nylon bristles, offers more effective brushing and a longer brush life. This is being supported by a promotion on Endekey disclosing tablets, available from full-line wholesalers in packs of 12 tablets.



## Sensitive foundations

GlaxoSmithKline Consumer Healthcare is building on the sensitive market with the launch of the Sensodyne Pronamel toothbrush, featuring gel pad technology with 3D



flexibility and micro-fine rounded bristles for gentle cleaning. Priced at £2.99 and available in four colours, the Sensodyne Pronamel toothbrush will be supported by TV advertising running later this year.

## Fresh but familiar

Look out for the new Aquafresh toothpaste packaging, featuring the familiar three-stripes icon but with a new logo, contrasting colours and, on Aquafresh Fresh & Minty, a new 'strengthening enamel' claim. Advertising for the revamped Aquafresh range will also include support for the new teeth and tongue cleaning Aquafresh Extreme Clean Purifying Mouthwash (500ml, £2.49) and in September, a £2 million campaign for the new Aquafresh Children's Range, which replaces and builds on the Macleans Milk Teeth range.

The new range includes brushes and toothpastes in Milk Teeth (for children aged up to three years), Little Teeth (for four to six-year-olds) and Big Teeth (for children aged 6+). Big Teeth additionally has a sugar- and alcohol-free mouthwash.



## Show your white bits

Oral-B's million-pound 'White bits to be proud of' campaign will promote the Vitality ProWhite entry-level power toothbrush. Comprising print advertising, PR activity in the women's consumer press and in-store promotions, the campaign will highlight product features including a rubber polishing cap and rotate-oscillate technology. The Oral-B Vitality ProWhite joins a £24.99 range including: DualAction, Sensitive Clean, Precision Clean and Sonic.



## Tailored power

The Philips Sonicare range has been extended to include the new Sonicare Elite e9500, featuring two brush heads and speed settings, a full specification power handle and charger base, brush head, travel case, and luxury wall-mountable brush holder. Prices start at £69.99.



## Totally Macleans

GSK has relaunched the Macleans range, with new livery, and a new sub-brand, Macleans Total Health, comprising two variants: Macleans Total Health with zinc and Macleans Total Health Whitening. The aim of the relaunch, says GSK, is to strengthen the brand's 'strong foundations for healthy teeth' positioning, and it will be supported by TV and other advertising later this year.



## Six-in-one

A multi-million pound budget has been allocated to the launch next month of new Listerine Total Care. Delivering six oralcare benefits, the mouthwash is said to reduce plaque, help maintain healthy gums, strengthen teeth against decay, keep teeth whiter, and kill up to 99.9 per cent of oral bacteria. Used twice daily, it will provide up to 24 hours of fresh breath protection, claims Pfizer.

Listerine Total Care will be available from August, in 250ml (£2.49) and 500ml (£4.19) presentations.



## The word is your bond

Combe International's Seabond denture fixative is being supported by an £8 million promotional campaign this year.

Recent TV commercials promote the simplicity of the brand with the message: "Holds dentures with no messing about." The range, with added breath freshener, comes in flavour-free original and fresh mint variants for upper and lower dentures.



## From the horse's mouth

Nine out of 10 cases of bad breath can be traced to a problem in the mouth itself, new research by Periproducts reveals. Most likely to be caused by gum disease and periodontitis, bad breath can be alleviated through the use of alcohol-free RetarDex, it says.







0207 921 8123

Booking and copy date  
12 noon Monday prior  
to Saturday publication subject  
to availability

**Contact:**  
Chris Docwra  
Chemist + Druggist (Classified),  
CMP Information Ltd  
Ludgate House  
245 Blackfriars Road  
London SE1 9UY

T: 0207 921 8123  
F: 0207 921 8130  
[www.dotpharmacy.com](http://www.dotpharmacy.com)  
c&dsales@cmpi.biz

## Pharmacists

### **Community Pharmacy Opportunities**

We have fantastic opportunities for Pharmacists in Charge, Pharmacist Store Managers and Relief Pharmacist Managers in the following locations:

**Birmingham,  
Wolverhampton, Coventry  
Sutton Coldfield and Swindon**

All of our Pharmacists can enjoy working in modern, refurbished stores with comfortable consultation rooms - perfect for delivering essential services and giving patient health care advice with the full support of experienced dispensing and counter assistants.

In addition, we offer a competitive salary and benefits package. For more information or for an informal conversation, please call Darren on 07770730219.

We are also recruiting **Dispensers** in the above areas, full and part-time

## Dispensers

### **DISPENSER REQUIRED PONDERS END – ENFIELD MIDDX – EN3**

A busy medical centre pharmacy requires an energetic and motivated individual with good communication skills and ability to multi-task.

40 hrs per week –  
9.00 – 17.00 Mon – Fri  
9.00 – 14.00 Saturday

Competitive salary for the right individual.

To apply contact Jayesh Lakhani on  
020 8805 5298 or email your CV to  
[elgon.chemist3@npanet.co.uk](mailto:elgon.chemist3@npanet.co.uk)

## Dispensers

### **The most important thing we dispense is good advice ...**

*Pharmacy Dispenser / Technician*

### **Chichester**

Pharmacy dispenser / technician required full or part-time in Chichester. We have vacancy for a motivated dispenser / technician with good communication skills.

You will work within a team providing a high standard of pharmacy services to the community.

Training and support to NVQ3 available.

Please apply in writing to the Manager,  
**Stephens Pharmacy, 7 The Ridgeway,  
Sherbourne Road, Parklands, Chichester  
PO19 3LA**

**stephens**  **pharmacy**

### **SOUTH BIRMINGHAM**

**2 Full time Dispensers required**  
Friendly, Independent Pharmacy, Good rate of pay

Contact Shilla on 0121 444 3110 or Bhavin on 0121 458 1439  
or send a letter of application and your CV to:  
**Evergreen Pharmacy, 730 Yardley Wood Road, Kings Heath,  
Birmingham, B13 0PT**

## Locums Wanted

**medacs**  
PROFESSIONALS

### **Locums Required**

**Community Pharmacists**  
Must be RPSGB Registered

Call Donna on 0800 7830322  
or email [professionals@medacs.com](mailto:professionals@medacs.com)



# The best people are in Short Supply

With blue chip credentials, a national network and local expertise, it's no wonder that so many outstanding people work here at Cordia. We are the leading name in Short Line sales and the fastest growing one too.

The best thing about our continued success is that we're constantly welcoming proven sales-focused professionals to work with us, growing our core business and developing new products and routes to market.

Right now, around the UK, we're looking for **General Managers, Branch Managers, Sales Managers, Sales Representatives and Telesales Representatives**. In addition, based at our Head Office in Worthing we are looking for a **Southern Region Sales Director, a Marketing Manager** and **Generic and PI buyers**.

Don't sell yourself short. Send your C.V and a covering letter (detailing the role of interest and current package details) to [zoe\\_lott@cordiahealthcare.co.uk](mailto:zoe_lott@cordiahealthcare.co.uk) or post to Zoe Lott, Cordia Healthcare Ltd, Unit B & C, Downlands Business Park, Lyons Way, Worthing, West Sussex BN14 9LA.

We are an equal opportunities employer.



CORDIA HEALTHCARE



## Locum Agency

## Business Wanted

### NATIONWIDE LOCUMS

CALLING ALL LOCUMS AND MANAGERS

NATIONWIDE



LOCUMS

- MANAGERS !!! Have You Considered
- Working Your Days Off & Holidays?
- Earn Up To £25/Hour
- EMERGENCY RATES Of Up To £30/Hour
- Locums Required Nationwide

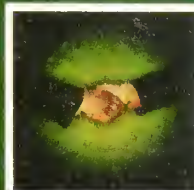
REGISTER FREE ON: 0121-525-5348  
Or ONLINE AT: [www.nationwidelocums.co.uk](http://www.nationwidelocums.co.uk)

For out of hour's contacts call 08452578245

## Do you ever wonder what your business is worth?

Professional business valuations  
offered free of charge.

Tel: 0789 423 4873  
E Mail: [david@davidparkerconsulting.co.uk](mailto:david@davidparkerconsulting.co.uk)  
Web: [www.davidparkerconsulting.co.uk](http://www.davidparkerconsulting.co.uk)



If you are contemplating selling your business, call us today for a no-obligation discussion on how we can get the best deal for you

### David Parker Consulting Ltd

**The acquisitions market is extremely buoyant at the moment. We have a large register of buyers very keen to acquire in all areas, but particularly within M25**

## Classified

## Business Wanted



## Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.

All turnovers considered, all information treated with strictest confidence and a high premium paid.

For a quick decision please contact Mr Bhandal on 07710 574890  
E-mail: [csb@adammyers.co.uk](mailto:csb@adammyers.co.uk)



### COHENS CHEMIST GROUP



Pharmacy chain looking to expand in the North-West & West Yorkshire areas.

Best prices paid, all turnovers/size of groups considered.  
please contact Colin Counce on 07966 524162 or  
Yakub Patel on 07930 577799.



## MANOR PHARMACY



Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.

All turnovers/ size of group considered.

High Premium Paid. All information will be treated with the strictest confidence.

Please contact Mohamed on 07958 428754 or  
Talha Patel on 07841 328394

### PHARMACY BUSINESS TRANSFER LIMITED

We urgently require pharmacies in London, Yorkshire, Lancashire, Kent, and Berkshire for both companies and independents groups who are looking to expand in those areas, any turnover considered.

We also require health centre pharmacies anywhere in the country for clients with finance agreed and ready to move quickly.

Contact Denis O'Leary on 01206 323808 or mobile 07920 476222.

Email: [denis.oleary@pharmacybusinesstransfer.co.uk](mailto:denis.oleary@pharmacybusinesstransfer.co.uk) for a confidential chat.

*Fed up running your own pharmacy?*

*Do you want a better lifestyle as a locum pharmacist?*

*Bogged down by Red Tape, NHS & PCT changes.*

### TAKE THINGS EASIER - CONTACT US TODAY.

We will consider any size pharmacy regardless of turnover, NHS, or other issues.

Discretion assured. 48 hour decision. 14 Day Completion.

Contact: [PriyaYash@aol.com](mailto:PriyaYash@aol.com) or reply to: P.O. Box No 924,  
Chemist & Druggist, 1st Floor Ludgate House,  
245 Blackfriars Road, London, SE1 9UY

## To advertise your recruitment vacancy

call Chris on  
**020 7921 8123**



## Business for Sale

**HUTCHINGS PHARMACIES SALES**

<b>Yorkshire:</b>	<b>T/O C:</b>	<b>£ 1,000,000</b>
<b>Liverpool:</b>	<b>T/O C:</b>	<b>£ 920,000</b>
<b>Dorset:</b>	<b>T/O C:</b>	<b>£ 730,000</b>
<b>Scottish borders:</b>	<b>T/O C:</b>	<b>£ 630,000</b>
<b>S.Devon coast</b>	<b>T/O C:</b>	<b>£ 580,000</b>

If you are ready to **SELL** we have purchasers throughout the **UK** willing to pay top prices for Pharmacies.

Our priority is to obtain the best price whilst maintaining your confidentiality.

If you are thinking of **SELLING** your Pharmacy, Contact us now for a **FREE** valuation.

Please call Scott or Linda **TODAY** for further details.

**01494 722224**

email: [info@hutchingsandco.com](mailto:info@hutchingsandco.com)

[www.hutchings-pharmacy-sales.com](http://www.hutchings-pharmacy-sales.com)



Hutchings Consultants Ltd

"We are the only  
NPA approved supplier  
for selling your  
pharmacy"



## Stocktaking

**Premium prices achieved every time**

**T: 01786 832777**

**F: 01786 832555**

 **Wallace**

Visit: [www.wallace-valuers.co.uk](http://www.wallace-valuers.co.uk)

E: [info@wallace-valuers.co.uk](mailto:info@wallace-valuers.co.uk)

## Products &amp; Services

**Specialists in European  
Regulatory Affairs Services  
for human medicinal products**



For initial consultation, call now  
Mobile: 07887 623898  
E-mail: [mina@alliance-eras.com](mailto:mina@alliance-eras.com)  
[www.alliance-eras.com](http://www.alliance-eras.com)

Email: [c&dsales@cmpi.biz](mailto:c&dsales@cmpi.biz)

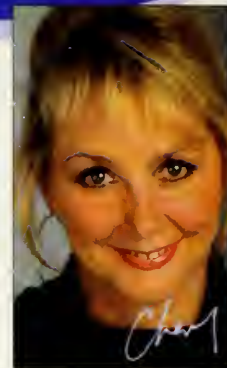
## Products &amp; Services

**Mashco**  
Photo, Electrical & Perfumes

**INTRODUCTORY OFFER**

"Nourkrin gave me back  
my hair and my confidence."

Cheryl Baker, TV presenter  
and formerly of Buck Fizz



**Nourkrin® Extra Strength  
60 Tablets The Natural Hair Recovery**

Code: **NOURKRIN**  
SSP: £50

**£25**  
NET COST  
IP: £25.64

**100%  
NATURAL  
INGREDIENTS**

tel: 020 8204 2224 fax: 020 8204 0224 web: [www.mashco.com](http://www.mashco.com)

Offer applies to purchases made between 1st August and 28th September 2007. Products shown are for illustrative purposes and are not to scale. E&OE • Net prices are after settlement discount 2.5% • Goods subject to availability • VAT at standard rate



Don't surrender to the  
NHS paper mountain!

Go paperless with PSL pharmacy systems

For more information please call 01254 833 338  
Positive Solutions Ltd Solutions House School Lane Brinsford PR6 8QP





Shopfitting

**RAPEED group**

...the total shop-fitting solution

**RAPEED** design  
shopfittersphone: **0800 9700 102**  
**www.rapeed.co.uk**

Tax Consultants &amp; Accountants

**WE ARE HAPPY TO WORK WITH  
YOUR EXISTING ACCOUNTANT**

Many pharmacists come to us purely for our tax consultancy services, whilst retaining their existing accountant to prepare their annual accounts etc.

This can be an ideal situation if you are happy with the accounts work your accountant does but he is not a tax expert. Instead of losing out on large tax savings let us work alongside your accountant.

Call Anne today for an informal chat about how it works.

**Tel: 01494 722224**

**h** & Co.

Hutchings & Co.

**The Leading Tax Consultants  
for Pharmacists.**

**www.pharmacyexperts.com**

Tax Consultants &amp; Accountants

**THINKING  
OF BUYING  
A PHARMACY?**

*Modiplus went the extra mile to assist me in the purchase of my pharmacy ...*

**MODIPLUS SUCCESSFULLY:**

- Helped with the structure to minimise tax
- Dealt with solicitors on purchase contracts and tax issues
- Dealt with the selling agents to avoid time delays
- Advised me on purchase of goodwill or shares
- Advised me on specialist finance schemes such as Unichem, AAH & Phoenix
- Projected my profit & cash-flow
- Allocated purchase price to maximise tax

*... excellent team of people who are always helpful and friendly.*

**MR R SUDDHI T/A MARKEATON PHARMACY, DERBY**

**For more information or for a FREE consultation please call Umesh or Jay:**

**LONDON: Umesh 020 7383 3200**

**MANCHESTER: Jay 0161 980 0770**

**www.modiplus.co.uk**

Member of Silver Levene Group

**THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS  
AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES**



**modiplus**   
ADDING VALUE





From: **Hawkeye on the web**  
 Date: **Sat 28.07.07**  
 Subject: **Global disaster**



Ms Bergeron died after taking pills she bought from a bogus internet pharmacy

What's the first thing that springs to mind when you hear the term 'global disaster'? Melting ice caps? Third World poverty? Maybe the Middle East? All valid answers but according to [google.com/news](http://google.com/news) last week, the top result for 'global disaster' was about internet pharmacy. The reference is to a comment made by Thomas Martin, chief executive of US consumer protection group America's Watchdog, in

a story on [US-PharmaTechnologist.com](http://US-PharmaTechnologist.com). In the piece, Mr Martin makes the bold claims that there are more than 4,000 fake internet pharmacies and that 90 per cent of products on the internet were counterfeit. A situation he describes as a "global disaster". Scary stuff.

In Canada, the online pharmacy issue took a darker turn in recent months when coroners in British Columbia published the toxicology report on the death of 57-year-old Marcia Bergeron. They discovered that Ms Bergeron died after taking pills she bought from a bogus internet pharmacy that were tainted with strontium and uranium. Among the medicines found in her home were zolpidem, which is not available for sale in Canada, and alprazolam, reported The Vancouver Sun ([tinyurl.com/2zp3gq](http://tinyurl.com/2zp3gq)).

The World Health Organization estimates that around 1 per cent of medicines sold in developed countries is counterfeit, rising to more than 10 per cent in the developing world. Where medicines are purchased from websites that conceal their physical address, they are estimated to be counterfeit in more than 50 per cent of cases ([tinyurl.com/2npv45](http://tinyurl.com/2npv45)).

The number of questionable sites flogging fake Viagra means the impotence drug has almost become a byword for spam. This has led Pfizer to take legal action ([tinyurl.com/2jsucv](http://tinyurl.com/2jsucv)) against certain illegitimate internet pharmacies. However, judging by the bulging spam folder in my inbox, full of messages from people offering me the chance to "be the man I'd always wanted to be", it's a difficult battle to win. I'm pretty sure I'm not being singled out for special treatment, which gives an indication

of the powerful online marketing techniques pushing medicines on the internet.

In part, the online drug industry boom is because patients are increasingly knowledgeable, both of the medicines they can take and those they are denied because Nice or SMC have deemed them too expensive. Internet pharmacies can provide access to the cheapest prices in the world but the quality of what you order very much depends on the online retailer in question, particularly if they are not based in the UK.

Here, just over 100 of the 11,000 pharmacies in the UK have declared to the RPSGB that they operate legitimate internet pharmacies. To maintain patient care, the Society has piloted an internet pharmacy logo that will be officially launched in September at the British Pharmaceutical Conference. By clicking on it, the details of the website and the pharmacist or superintendent are verified by the Society ([www.rpsgb.org/pdfs/pr061103.pdf](http://www.rpsgb.org/pdfs/pr061103.pdf)). Regulated UK sites are also under the watchful eye of the Society's inspectorate and are subject to spot checks by the MHRA's Enforcement Team ([tinyurl.com/2qsrmh](http://tinyurl.com/2qsrmh)).

The logo has been complemented by an updated Code of Ethics, which comes into force next week. While this won't tackle Mr Martin's "global disaster", it will help bolster the integrity of genuine internet pharmacies operating in the UK and further distance them from dangerous fakes.

Email [thawkins@cmpmedica.com](mailto:thawkins@cmpmedica.com)

## ... what's new on the C+D website ...

### Free email news

Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at [www.dotpharmacy.com/newsbulletins](http://www.dotpharmacy.com/newsbulletins)

If you sign up between now and August 1 you will be entered into a free prize draw to win £200 in John Lewis vouchers



Supporting C+D's free weekly email newsletter

### Bon Viveur: log on, tuck in

Our restaurant critic is celebrating his first birthday as a C+D columnist and you're all cordially invited to join him.

Only the finest dining experiences are on the menu here, all washed down with the finest of wines.

Happy anniversary!

[www.dotpharmacy.com/bonviveur](http://www.dotpharmacy.com/bonviveur)



### The most read stories in the latest C+D newsletter



- 1 Walsall pharmacist struck off for faking papers
- 2 Pharmacy recovering after fire engine crash
- 3 Plea for smoking cessation to become advanced service
- 4 Regulatory steering group lacks grass-roots voice, critics claim
- 5 Industry leaders take pseudoephedrine evidence to CHM



# the pharmacy show 2007

make a stand for pharmacy



Leading Media Partner

the **nec** birmingham



## The largest event in Europe for **retail pharmacy**



Lord Hunt will speak at the Pharmacy Show  
as part of the free accredited seminar program

- **Free accredited seminars**
- **300+ Exhibitors**
- **Free to attend**

Free **Next of Kin** stock item worth **£12.95**  
for the first **500 independent pharmacists** to  
register online at **[www.thepharmacyshow.co.uk](http://www.thepharmacyshow.co.uk)**



# 14th - 15th October 2007

## **[www.thepharmacyshow.co.uk](http://www.thepharmacyshow.co.uk)**



pioneershows

Another major event from  
**Pioneer Shows Ltd**

If there's one event you can't afford to miss it's the  
**Pharmacy Show 2007**

TO EXHIBIT, CALL **01926 485151**



# With global warming, millions are suffering from hayfever.<sup>1-5</sup> Changing times call for fast, effective measures

When pollen allergens interact with pollution particles their potency can be increased<sup>5</sup>

Climate change has widespread effects on biological systems<sup>6</sup>

The peak months for hayfever are May, June and July<sup>7</sup>

The growing season is lengthening<sup>8</sup>

Up to 25% of the population suffer from hayfever<sup>9-11</sup>

Grass pollen is the most frequent cause of hayfever<sup>7,10</sup>

Allergy affects approximately one in four people in the UK at some time in their lives<sup>12</sup>

Pollen production is increasing<sup>3</sup>

Global warming is a growing challenge. Early arrival of spring and longer plant growing periods mean there's even more pollen in the air to aggravate hayfever sufferers. For fast, effective hayfever relief, recommend an allergy expert. No other brand treats more allergies than Piriton.

## Hayfever relief from an allergy expert



**piriton**<sup>®</sup>  
allergy tablets  
chlorphenamine maleate

- Fast relief from the symptoms of
  - hayfever
  - skin allergies
  - food allergies
  - pet allergies
  - house dust mite allergies
  - insect bites
  - mould spore allergies
- Also relieves the itchy rash of chickenpox

30

chlorphenamine

**Piriton Allergy Tablets Product Information.** **Presentation:** Tablets containing 4 mg chlorphenamine maleate. **Uses:** Symptomatic relief of chickenpox itch and allergic conditions including hayfever. **Dosage and administration:** *Adults:* 1 tablet every 4-6 hours. *Children aged 6-12:* 1/2 tablet every 4-6 hours. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. **Side effects:** Sedation. Less commonly, gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects. **Pregnancy and lactation:** Consult doctor before use. **Legal category:** P. **Product licence number:** PL 00036/0091. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 30 tablets £3.15. **Date of last revision:** October 2004. PIRITON,<sup>®</sup> PIRITON<sup>®</sup> Petal

Device are registered trade marks of the GlaxoSmithKline group of companies. **References:** 1. National statistics. The health of children and young people. <http://www.statistics.gov.uk/children/downloads/asthma.pdf> 2. <http://news.bbc.co.uk/1/hi/health/2721375.stm> 3. Beggs JP, Bambrick HK. *Environ Health Perspect* 2005; **113**: 915-919 4. Beggs JP. *Clin Exp Allergy* 2004; **34**: 1507-1513 5. Emberlin J. The national pollen and aerobiology research unit. <http://www.pollenuk.co.uk/News/jesummary.htm> 6. Vitousek PM et al. *Ecology* 1994; **75**: 1861-1876 7. Parikh A, Scadding GK. *BMJ* 1997; **314**: 1392 8. Sparks TH, Menzel A. *Int J Climatol* 2002; **22**: 1715-1725 9. Bousquet J et al. *J Allergy Clin Immunol* 2001; **108** (Suppl 5): S147-S334 10. Mason P. *The Pharmaceutical Journal* 2003; **270**: 443-445 11. Sheikh AS et al. *BMJ Clinical Evidence* 2004; **11**: 694-709 12. Allergy UK [http://www.allergyuk.org/allergy\\_what\\_is.aspx](http://www.allergyuk.org/allergy_what_is.aspx)